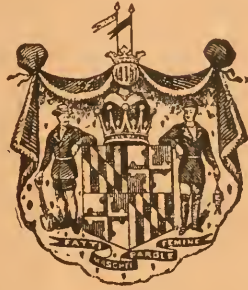


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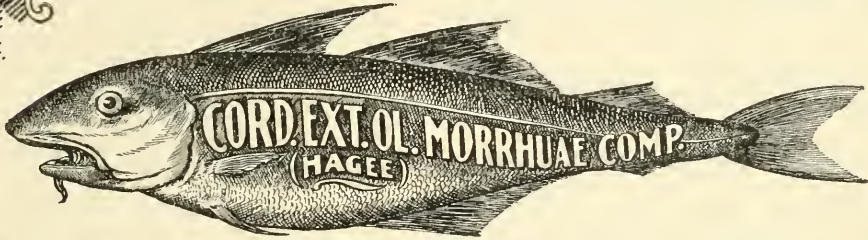
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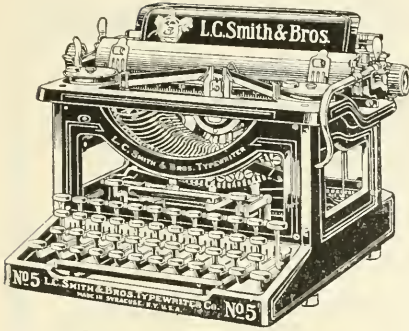
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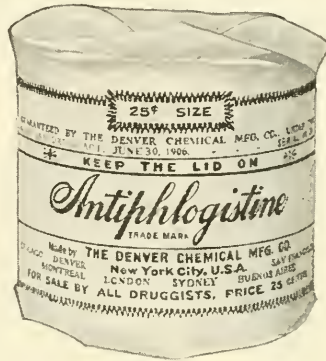
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BUILD
UP

To
BRACE
UP

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UP

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In ANY form of DEVITALIZATION
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BRIGHT'S DISEASE: CHOREA:

TUBERCULOSIS: RICKETS:

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ON THE REPORTING OF COMMUNICABLE DISEASES.¹

By C. W. G. Rohrer, M.D.,
Maryland State Department of Health.

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I. INTRODUCTORY.

"Surely it is better, by care and precaution, to preserve health while we have it, than first to lose it, and then pay the penalty in pain and affliction."

"O, Health! thou art above all gold and treasure: he that has thee has little more to wish for; but he that is so wretched as to want thee, wants every thing with thee."

I approach the above topic with considerable reluctance; indeed, I might almost say that I have taken up my pen with fear and trembling. My feelings at this moment are akin to those experienced by Moses of old when he removed the shoes from off his feet, realizing that he was standing on holy ground. It is not so much what I shall say, but the manner in which I shall attempt to say it, so as to gain my point without incurring the displeasure of a single one of the 800 physicians² practicing in the smaller cities, towns and rural districts of Maryland, which concerns me most.

Almost from the very beginning of recorded time mankind has taken a deep interest in communicable diseases, especially when these have prevailed in epidemic form. In verification of this statement we need but turn to the best of classics, the Holy Bible, and read of the grievous murrain of beasts and the plague of boils and blains³ upon man and upon beast, both of which occurred nearly 15 centuries before the Christian era. Manetho mentions a great plague affecting the human race which occurred at a still earlier date; namely, in Egypt, in the reign of Semempses, about 2500 B. C.

For further proof of the antiquity of this subject, let the thoughtful reader turn to the pages of such remarkable landmarks in the progress of communicable diseases⁴ as "A History of Epidemic Pestilences from the Earliest Ages: With Researches Into Their Nature, Causes, and Prophylaxis," by Edward Bascome, M.D., London, 1851; to Haviland's "Climate, Weather, and Disease," 1855; to Howe's "Epidemic Diseases," 1865, and to Parkin's "Epidemiology," 1880. Even the pages of Pliny's "Natural History," yellow with age, written in the first century, are well worth consulting; likewise Huxham's "Observations on the Air and Epidemic Diseases," 1759; Dr. Benjamin Rush's "An Account of the Bilious Remitting Yellow Fever as It Appeared in the City of Philadelphia in the Year 1793;" Mathew Carey's "A Short Account of the Malignant Fever Lately Prevalent in Philadelphia: With a Statement of the Proceedings That Took Place in Different Parts of the United States," November 30, 1793; Gallup's "Sketches of Epidemic Diseases in the State of Vermont; From Its First Settlement to the Year 1815. With a Consideration of Their Causes, Phenomena, and Treatment. To Which Is Added Remarks on Pulmonary Consumption," 1815, and Wickes' "History of Medicine in New Jersey, and of Its Medical Men, from the Settlement of the Province to A. D. 1800," 1879.

Among later and more readily available works of a similar character should be mentioned Hecker's "Epidemics of the Middle Ages," 1846; Keating's "History of the Yellow Fever Epidemic of 1878 in Memphis, Tenn.," 1879; Walford's "Statistical Chronology of Plagues and Pestilences as Affecting Human Life, with an Enquiry Into Their Causes," 1884, and Creighton's admirable two-volume work entitled, respectively, "A History of Epidemics in Britain From A. D. 664 to the Extinction of Plague," 1891, and "A History of Epidemics in Britain From the Extinction of Plague to the Present Time," 1894.

Both Hippocrates and Sydenham discourse eloquently on communicable diseases⁵ occurring epidemically; Malthus, in his epoch-making work, which forms the bedrock of the science of vital statistics, entitled "An Essay on the Principle of Population; or, a View of Its Past and Present Effects on Human Happiness; With an Inquiry Into Our Prospects Respecting the Future Removal or Mitigation of the Evils Which It Occassions," 1803, devotes a chapter to the "Effects of Epidemics on Tables of Mortality," while a fairly recent governmental publication from the facile pen of Dr. Joseph M. Toner, entitled "Contributions to the Annals of Medical Progress and Medical Education in the United States Before and During the War of Independence," 1874, is a mine of information of which every American physician can justly feel proud.

Dr. James Thacher's "American Medical Biography: or Memoirs of Eminent Physicians Who Have Flourished in America. To Which Is Prefixed a Succinct History of Medical Science in the United States from the First Settlement of the Country," 1828, the pioneer work on American medical biography, is replete

with interesting information pertaining to the earlier communicable diseases and their resultant epidemics. Reference would also be made to Webster on "Epidemics." A work of peculiar interest to the elder practitioners of this State is Dr. Thomas H. Buckler's "History of Epidemic Cholera, as It Appeared at the Baltimore City and County Almshouse, in the Summer of 1849. With Some Remarks on the Medical Topography and Diseases of This Region," 1851, declared by a contemporary author to be "the most eloquent sermon on sanitation extant."

Other standard works emphasizing the importance of a prompt reporting of all cases of communicable diseases, and the dire results of the neglect of his duty, could be mentioned, but it is not my present purpose to give a check list of the literature on the subject, and hence I shall pass on to my next subheading.⁶

II. WHY REPORT CASES OF COMMUNICABLE DISEASE?

There are numerous reasons why a physician should report his cases of communicable disease, and report them promptly. Some of these can be included under the caption of moral obligation, whilst others are mandatory and laid down by statute. If personal observation is worthy of credence, in my opinion it is very unusual for a physician to wilfully violate either his moral or his statutory obligation in this respect, but that such infractions of the law do occasionally occur the sequel will abundantly show.

REPORT OF A CASE OF INFECTIOUS DISEASE.

Disease Date 19...
 Name Sex Color
 Age Years. Duration of Illness Weeks.
 Address County
 Signature of Reporter
 Householder
 Reported by
 or Physician
 Address of Reporter County
 (OVER)

Figure I.—Notification card; usually denominated "infectious disease card." The State Board of Health expects every physician practicing in the State of Maryland, outside of the limits of Baltimore city, to have on hand a goodly supply of these cards. They are furnished *gratis* by the State Board.

First of all, the reporting of a case of communicable disease is a moral duty which the physician owes to himself, to his family, and to the community in which he lives and plies his art. Truly, a physician, above all others, should be able to answer in the affirmative the question, "Am I my brother's keeper?" Unto him the people look for advice and counsel and guidance upon numerous topics other than those directly pertaining to health, and, it should be added, such appeals are seldom made in vain. His motives are believed to be, and rightly, largely humanitarian, and no one, professional man or layman, does more than he "for sweet charity's sake." He gives freely of his time, his talents, and

occasionally even of his means, which, owing to the fact that but few good physicians are really good financiers and collectors, are almost invariably slender, except in the case of a favored few.

It is not my intention to pronounce an encomium upon the character and liberality of the physician, but the following quotation, selected from the writings of the celebrated Dr. Benjamin Rush, is appropriate and interesting:

"Humanity has been a conspicuous virtue among physicians in all ages and countries. It manifests itself, "1st. In their sacrifices and sufferings, in order to acquire a knowledge of all the different branches of medicine. For this they spend months and years in dissecting dead bodies, or in the smoke of laboratories, or in visiting foreign, and sometimes uncivilized, countries, or in making painful and expensive experiments upon living animals. Many physicians have contracted diseases, and some have perished in these loathsome and dangerous enterprises, all of which are intended for the benefit of their fellow-creatures."

"2nd. No sooner do they enter upon the duties of their profession than they are called upon to exhibit their humanity by sympathy with pain and distress in persons of all ranks. It is this heaven-born principle which produces such acts of self-denial of company, pleasure and sleep in physicians. It is this which enables them to sustain the extremes of heat and cold, and the most laborious exertions of body and mind. * * * This noble sympathy in physicians is sometimes so powerful as to predominate over the fear of death: hence we observe them to expose, and frequently to sacrifice, their lives in contending with mortal epidemics. The United States have lately furnished numerous instances of death in physicians from their ardent attachment to their patients. The graveyards of Philadelphia alone hold the precious relics of three and twenty members of our profession who have died martyrs to this affectionate and heroic sympathy since the year 1793."

"3rd. Humanity in physicians manifests itself in gratuitous services to the poor. The greatest part of the business of Dr. Sydenham seems to have been confined to poor people. * * * Dr. Boerhaave did a great deal of business among the poor. In his attendance upon them he discovered, it is said, more solicitude and punctuality than in his attendance upon his rich patients. Being asked by a friend his reason for so doing, he answered, 'I esteem the poor my *best* patients, for God is their paymaster.' Dr. Cullen spent the first years of his long and useful life in doing business for which he was never paid, and when he rose to the first rank in his profession, did not forget that humble class of people, from whom he derived his knowledge and reputation. Dr. Fothergill devoted an hour every morning, before he left his house, to prescribing for the poor, and in his annual visit to Leaball, in Cheshire, he spent one day of every week in the same humane and benevolent business. * * *

"4th. Humanity in physicians discovers itself in *pecuniary* contributions, as well as in advice, for the relief of the poor. "1

have read an account of a physician in England who gave all the fees he received on a Sunday to charitable purposes. Dr. Ueberden's liberality to the poor was so great that he was once told by a friend that he would exhaust his fortune. 'No,' said he; 'after all my charities I am afraid I shall die *shamefully* rich.' Dr. Fothergill once heard of the death of a citizen of London who had left his family in indigent circumstances. As soon as he was interred the doctor called upon his widow and informed her that he had some years before recovered thirty guineas for as many visits he had paid her husband in the days of his prosperity. 'I have since heard,' said the doctor, 'of his reverse of fortune.' Take this purse. It contains all that I received from him. It will do thy family more good than it will do me.' A poor curate, who lived in the city of London upon fifty pounds a year, called upon this worthy man for advice for his wife and five children, who were ill of an epidemic disease then prevalent in that city. The doctor, without being requested, visited them the next day, and attended them daily until they were all cured. The curate, by great exertions, saved a trifling sum of money, which he offered to the doctor as a compensation for his services. He refused to receive it—but this was not all—he put ten guineas into his hand, and begged him, at the same time, to apply to him for relief in all his future difficulties. Similar anecdotes of his liberality might be multiplied without end. It is said he gave away one-half of all the income of his extensive and lucrative business, amounting, in the course of his life, to one hundred thousand pounds."

In the second place, a physician should report his cases of communicable disease," because, by so doing, many serious and fatal epidemics may be averted. Then, too, the public health authorities will be enabled to meet the enemy face to face, instead of "bearding the lion in his den." They will have but a nursling to encounter compared with the huge giant which it may become.

The seeds of a noisome pestilence¹⁰ are oftentimes unwittingly sown by the neglect of so simple a duty. "To be forewarned is to be forearmed," and in no field of scientific inquiry do we find such disastrous results convincing us of the truthfulness of the aphorism that "history repeats itself." Had this been borne in mind, mankind probably need not have been called upon to witness such an appalling spectacle as the terrible plague which spread over the world in A. D. 1345-49, leaving scarcely a fourth part of the human race alive. It spread throughout Asia, entered Egypt, Greece, Italy, Spain, England, and, lastly, Germany. The mortality was frightful. In the city of Florence, St. Anthony computed the number of victims to have been 100,000. (Villanius says about 60,000.) In London 50,000 deaths are said to have occurred in one week, 100,000 perished at Venice, 60,000 in Lubeck, and the deaths in the kingdom of Spain were computed at 200,000.¹¹

Other instances illustrative of this principle might be cited with advantage, even here in our own State. But I shall refrain from so doing at the present time other than calling to mind the series

of 157 cases of typhoid fever which occurred in the Woodberry-Hampden district of Baltimore city in the summer of 1906. It was a milk epidemic, and had the first case of sickness been promptly reported this sentence need not have been written.¹²

Thirdly, besides being a physician's moral duty to report his cases of communicable disease, it also becomes his civil duty—his duty as a man and citizen—to do so. To him it is given to know that contagious disease exists in a community, and unto him the people naturally look for protection. He is identified with the progress and general uplift of all those who are fortunate enough to come within the range of his influence. This is essentially so in rural communities, where the faithful physician and the consecrated minister of the Gospel stand pre-eminent among their fellows.

It may be unseemly of me to say so, but I believe that we do not guard the status of the physician as faithfully as our forefathers did. Whilst I am not harking about the "good old times," yet I feel that the attention of the profession should be directed to this matter. A careful study of the history and rise of our cult in Maryland has prompted the above statement.

The distinguished Professor Gross, the elder, was the acknowledged champion who contended for the social rights of the physician a generation since. Hear what he said, among other things, on a certain occasion, on February 25, 1880:

"I have lived a good while in the world, and, having seen a great deal of society, I am safe in asserting that there is no profession, vocation or pursuit which, on this side of the Atlantic, enjoys a higher social status than the medical, the clerical not excepted. The refined and educated American physician is a prince among men, and his wife is ever his equal in the social circle. Indeed, she is often a leader in, and a queen of, society. * * *

"During my residence at Cincinnati and at Louisville I never failed, in attending an evening party, a dinner or a social entertainment of any kind, to meet with some of my professional friends and their wives, sons or daughters; and I speak advisedly when I declare, although it may be at the expense of repeating myself, that there is not a city or town of any considerable size in the Union in which the same state of things does not obtain. If you look at the medical profession in your own city you will find a further illustration of the truth of my statements. * * *

"The refined and cultivated society of Boston has always had a large share of the medical element. Its doors have always been open to the Warrens, the Haywards, the Channings, the Bigelows, the Jacksons, the Shattucks, the Bowditches, the Stors, the Reynoldses and others, as they still are to their descendants. Charleston, S. C., at one time contained the most brilliant and aristocratic society in this country. Nowhere has there been on this continent a higher type of civilization or a greater amount of elegant and refined breeding than in this once famous city—famous for its pretty and accomplished women and its noble, chiv-

alric and intelligent men. Its social entertainments were of the most *recherché* and costly character. * * *

"What is true of our larger cities in this respect is emphatically true of every town, village and hamlet of the Union. Go where we may, the refined and cultured physician is a man of mark, not a whit inferior in his social position to the clergyman, the lawyer, the scientist or the merchant prince. A great deal is said at the present day of the want of refinement and of the defective education of the medical student, as if he were the veriest boor in Christendom, hardly half-civilized, unwashed, unkempt and dressed in the shabbiest garb. We are all agreed¹ that our systems of instruction are sadly out of joint; that they are not what they should be, or what, by-and-by, they must and will be; but I am quite sure that if you were some day to drop into my lecture-room while I am engaged in addressing nearly 600 students, assembled from all parts of the country, including representatives from different foreign lands, you would be surprised at their orderly conduct, their gentlemanly appearance and their intelligent countenances. Not only are many of these youths well educated, but they have been reared under the best influences, and are destined to make their mark in the profession as well as in the social circle. Our army and naval surgeons are, as everybody knows, admitted into the best society, both at home and abroad. Again, not a few of our young physicians marry into our most distinguished families, which would assuredly not be the case if they were not well-bred, cultured and meritorious men. * * *

"Every man holds his social position in his own hand. If it be not his birthright, he can, if he choose, or is worth anything at all, gradually attain it, despite untoward circumstances. The requirement for admission into society in Philadelphia is said to be family, or blue blood; in New York, wealth, or money; and in Boston, literature, or mental culture. This may be so, but it is so only in a certain degree, and these landmarks are rapidly becoming merged into one another. Character alone should be the test of social distinction in a truly civilized country. * * *

"I cannot agree with you when you say that social position is not a thing for which men should struggle. I cannot see how this can interfere with a physician's usefulness. On the contrary, I regard it as one of the highest and most sacred duties of the medical man to cultivate the graces and amenities of social life. The absence of this quality lowers any profession in public estimation, and reduces it to the level of the ordinary pursuits of life. Let the medical man aspire to be a refined and cultured gentleman, and do all he can to adorn the higher walks of life, for just in proportion as he does this will he be respected by the community and add to the dignity of his profession."¹³

Fourthly and lastly, it is the legal duty of a physician to report his cases of contagious disease; in fact, this obligation is fixed by statute, and he has no choice in the matter. There is no middle ground. The reporting of a case of infectious disease¹⁴ is so simple a thing, and the failure to perform this duty is involved with so

CHAPTER 436, ACTS OF 1898.

34 A. Whenever any householder knows that a person within his family or house is sick of smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, measles, mumps, whooping-cough, or any other infectious or contagious disease, dangerous to the public health, he shall immediately give notice thereof to the Board of Health of the city or county in which he dwells.

* * * Any person neglecting or refusing to comply with any of the provisions of this section shall be punished by a fine not exceeding one hundred dollars.

34 B. Whenever any physician knows that any person whom he is called to visit is infected with smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, measles, whooping-cough or any other contagious or infectious disease, dangerous to the public health, he shall immediately give notice thereof in writing, over his own signature, to the Board of Health of the city or town or county in which such disease exists; and if he refuses or neglects to give notice he shall be fined not less than fifty nor more than two hundred dollars.

(OVER)

Figure 11.—Reverse side of an infectious disease card. It contains extracts from the Maryland law requiring a prompt reporting of all cases of infectious or contagious disease. It places the responsibility upon the physician, the parent and householder.

much difficulty, if taken up and pushed by the proper authorities, that there is really no excuse for its non-performance. To be brought before the bar of justice for neglect of this duty becomes one of the painful incidents in a physician's life, the details of which he does not care to record in his diary or hand down the memory of them to his children and grandchildren. It is alike embarrassing to the public health officials and humiliating to the brother-physician incriminated, especially when one recounts his struggles as a student and the toils and hardships through which he must pass in order to obtain his degree. Then, too, the years of patient waiting and the charity work which he must do to establish a reputation should be considered.

The Maryland law on the subject of reporting communicable diseases¹⁵ will next be given in detail. I wish to emphasize the fact that the physician is the responsible party when there is a physician in the case; otherwise, it is the parent or householder.

NOTIFICATION OF INFECTIOUS DISEASES.

Chapter 436, Acts of 1898.

34 A. Whenever any householder knows that a person within his family or house is sick of smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, measles, mumps, whooping-cough, or any other infectious or contagious disease, dangerous to public health, he shall immediately give notice thereof to the Board of Health of the city or county in which he dwells.

and upon the death, recovery or removal of such person or persons, such of the rooms of said house and such of the articles therein as, in the opinion of the local "Board of Health," have been subjected to infection or contagion, shall be disinfected by said Board of Health, and a written statement of the fact of such disinfection shall be given to such householder. Any person neglecting or refusing to comply with any of the above provisions shall be punished by a fine not exceeding one hundred dollars.

34 B. Whenever any physician knows that any person whom he is called to visit is infected with smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, measles, whooping-cough, or any other contagious or infectious disease, dangerous to public health, he shall immediately give notice thereof in writing, over his own signature, to the Board of Health of the city or town or county in which such disease exists; and if he refuses or neglects to give notice he shall be fined not less than fifty nor more than two hundred dollars.

34 C. The Boards of Health in the several cities, towns and counties shall cause a record to be kept of all reports received in pursuance of the preceding sections, and such record shall contain the names of all persons who are sick with infectious or contagious diseases, the localities in which they live, the disease with which they are affected, together with the date and names of the persons reporting any such cases, and the record of quarantine, isolation, disinfection and other preventive measures. The Boards of Health shall give the School Boards, of their respective counties, cities or towns, immediate information of all cases of infectious or contagious diseases reported to them according to the provisions of this Act.

34 D. When any Board of Health has had notice of the occurrence, within its sanitary jurisdiction, of a case of smallpox, or any other contagious or infectious disease dangerous to public health, such Board of Health shall, within twenty-four hours after the receipt of such notice, notify the State Board of Health of the same.

34 E. All questions of doubt concerning the cause or nature of any sickness believed or suspected to be of an infectious or contagious character shall be referred to the State Board of Health; and the said Board shall be authorized to employ a competent bacteriologist to conduct inquiries into the nature, source and vehicles of infectious disease. The services of the bacteriologist of the State Board of Health shall be free to all local Boards of Health, and to all practicing physicians in the State, for such inquiries concerning infectious and contagious diseases as the said Board may from time to time direct, and to the State Vaccine Agent for testing vaccine virus. The sum of twenty-five hundred dollars annually, or so much thereof as may be necessary, shall be paid by the Treasurer of the State upon the warrant of the Comptroller at such times and in such sums as may be authorized by the State Board of Health upon presentation of the proper vouchers for expenses.

34 F. Every person not a legally qualified physician practicing as midwife, or acting as attendant upon woman in child-bed in this State, who shall find any lying-in woman to have fever, shall forthwith notify the health officer of the district, and shall refrain from attendance upon any other parturient woman, or women in child-bed, until the local health officer shall give her written permission to resume such practice. Every midwife, obstetrical nurse or other person, not a legally qualified physician, attending for pay or hire, upon any lying-in woman, or woman in child-bed, shall send his or her name and address to be registered in the office of the Registrar of Vital Statistics for the city, town or county in which he or she resides. And any person violating the provisions of this Act shall be guilty of a misdemeanor, and shall, upon conviction, be fined not exceeding one hundred dollars or imprisonment not exceeding six months, or be both fined and imprisoned in the discretion of the Court.

The Maryland laws pertaining to the reporting of communicable diseases¹⁶ are far-reaching in their scope. I shall next subjoin several sections enacted at an earlier date and entitled "Better Preservation of Public Health."

BETTER PRESERVATION OF PUBLIC HEALTH.

Acts 1890, Chapter 622.

1. Whenever any physician, or person acting as a physician, shall know or shall have cause to believe that any person whom he has attended during the last illness of such person in this State, outside the limits of the City of Baltimore, has died of smallpox, cholera, yellow fever, typhoid or typhus fever, diphtheria, leprosy, or any other disease of a contagious, infectious or epidemic character, the said physician, or person acting as a physician, shall, over his own signature, immediately give notice thereof to the Secretary of the State Board of Health, which notice shall state the cause of the death, the name, age, sex and color of the deceased, and such other information in connection with the existence and spread of the disease as may be deemed important for the protection of the public health; and if no physician has been in attendance during the last illness, or at the time of the death of such person, then it shall be the duty of the householder in whose house or upon whose premises the death occurred to transmit to the Secretary of the State Board of Health the facts in accordance with the requirements of this section.

2. Whenever any hotelkeeper, keeper of a boarding or lodging house, superintendent, manager or director of a private or public institution of any kind, shall know or be informed by a physician, or shall have reason to believe that any guest, inmate or other person in the hotel, boarding-house or institution over which he or she may have control or supervision, or on the premises thereof, is sick with or convalescing from smallpox, cholera, yellow fever, typhus or typhoid fever, scarlet fever, leprosy, or any other infectious or contagious disease,¹⁷ the said owner, proprietor, manager or other person having charge, shall immediately give notice

thereof in writing to the Health Officer of the city or town in which the infected house or premises is located, or to the Secretary of the State Board of Health, if there is no local Health Officer who can efficiently deal with the case; said notice shall state the name and place of residence of the person sick, the name of the disease, the name of the owner, proprietor or manager of the house, and the locality of said house; and it shall be the duty of the local or State Health Officer, as the case may be, to take such steps and do such things as may be necessary to render effective the provisions of the Act of 1882, Chapter 155, "An Act to provide against the spread of infectious diseases."¹⁸

3. Any person or persons who shall neglect or refuse to comply with the provisions of the foregoing sections of this Act shall be deemed guilty of a misdemeanor, and shall, upon conviction thereof in a court of competent jurisdiction, be fined not more than fifty dollars for every such offense.

III. TECHNIQUE OF REPORTING.

The essential thing to do is to report the case. If this is done promptly and in good faith, no adverse criticism could possibly be offered by any fair-minded man. But if technicalities are to be observed, I might say that there is one right way and a number of wrong ways of performing this important duty. For example, if a case of communicable disease is reported on a slip of paper, instead of on the card designed for the purpose, it is hardly acceptable, although it undoubtedly would be an evidence of good faith on the part of the physician, the parent or the householder sending it in. However, the proper cards have been placed in the hands of every physician practicing in this State, and there can be no valid excuse for their not using them.

The face of the notification card for infectious diseases (*vide* Figure 1) contains spaces for a number of items. Every one of these should be filled out conscientiously and with each datum complete. Occasionally a physician will neglect to insert the name of the disease with which the patient is suffering; sometimes he omits the date, first name of the patient, sex, color, age, or duration of illness. He even has been known to overlook appending his signature.

On the reverse side of the infectious disease card (it is the card denominated "Report of a Case of Infectious Disease," and a copy of it appears as Fig. 1) an extract from the Maryland law, Chapter 346, Acts of 1898, 34 A and 34 B, appears. This has also been reproduced, so as to bring it most conspicuously before the eyes of physicians and others, and appears as Fig. II. It sets forth explicitly the duty of the householder and of the physician in the reporting of communicable diseases. It also sets forth, in unmistakable terms and in plain English, the penalty attached for failure or neglect to comply with the provisions of this Act.

I have stated above that a case is not properly reported unless complete data are furnished. Again, a case is not properly re-

ported unless the report is made in writing. It must be down in "black and white." A verbal report, or a report by telephone, cannot be accepted as final, although such a step certainly expedites matters, and the report should subsequently be reduced to writing.

A case of infectious disease is not legally reported unless the report is transmitted to the local Board of Health; that is, to the town, county or district health officer. The law specifically states that notice shall be immediately given "to the Board of Health of the city or town or county in which such disease exists." Sending a report direct to the State Department of Health is an irregular way of reporting a case of communicable disease, and is not in strict compliance with the letter of the law. However, when this is done we accept same with thanks, make out a duplicate card and mail it to the town, county or district health officer, to whom the report should have originally been sent.

Sending a specimen to the laboratory for bacteriological examination is not reporting the case, be this sputum to be examined for tubercle bacilli, blood for a Widal test, or a swab from the throat of a diphtheria patient. An infectious disease card should be made out and transmitted to the health officer, just the same as if a specimen had not been sent to the laboratory for diagnosis; but a physician is justified in waiting for the result of the laboratory examination before sending in his report card. And right here I want to urge upon the physicians of the State a more general use of the bacteriological laboratory, both as an aid to diagnosis and also to determine with certainty the proper time to declare the throat of a diphtheria patient free from contagious germs. A terminal negative culture should be obtained from every diphtheritic patient before he or she is turned loose upon the public as cured. If this were required by law, so-called diphtheria "bacillus carriers" could not exist, and the monthly mortality and morbidity from this disease, instead of holding third or fourth place in the rank and file of infectious diseases, would be reduced fully one-half.¹⁹

Smallpox cases, being of unusual interest and importance, should be finally reported upon a special card improvised for the purpose. (A copy of a smallpox report card appears as Figure III.) It will be observed that entirely different data are required in cases of this highly contagious and loathsome disease. If physicians would make it a rule to vaccinate all persons within the circle of their practice every five years who cannot show a good scar, the dread smallpox would soon fail to find susceptible soil in Maryland. This would be much cheaper than the present antiquated method of starting a vaccination crusade after the disease has gained a foothold in the State, and incidentally spending thousands of dollars on quarantine and for feeding the smallpox patients, their families and other contacts.²⁰

The proper thing for a physician to do when he is called to see a patient whom he finds suffering with what he believes to be smallpox is to report the facts *immediately* to the local health officer, preferably by telephone or telegram. It then becomes the

SMALLPOX.

Name Age
 Town County
 White or Colored..... Occupation.....
 Date of attack.....190.....
 Where contracted.....Type of Disease.....
 Died or recovered.....Date of Death or Discharge.....
 Date of successful vaccination.....Is a good scar present?.....
 How many other persons in the same house?.....
 How many were attacked?.....
 Of these how many were vaccinated?.....
 How many escaped?.....
 Of these how many were vaccinated?.....
 Signed by.....

On the back of this card, for the last patient in the house, please write the names of those who escaped attack.

Figure 111.—Special Smallpox Card. When the Maryland law pertaining to vaccination is properly enforced, this card will become obsolete.

health officer's duty to proceed at once to make an investigation, accompanied by the attending physician. Should he, too, suspect smallpox, he should at once notify the State Department of Health to that effect either by telephone or telegram. The law requires that the State Board shall be notified promptly, certainly within 24 hours after a knowledge of the existence of such a suspected case.

The section of the Maryland law requiring the local health officer to promptly notify the Secretary of the State Board of Health concerning the existence of smallpox and other dangerous diseases²¹ will next be given.

Rev. Code, 1888, Art. 43; 1886, Chap. 22, Sec. 7.

14. Whenever any local or county Health Officer shall receive reliable notice, or shall otherwise have reason to believe that there is within the limits of his sanitary jurisdiction a case of smallpox or other disease dangerous to the public health, he shall immediately investigate the matter and take all proper steps for the restriction or suppression of such disease or diseases, and the said County Commissioners may incur and pay as other county expenses are paid the necessary and legitimate expenses thereof; he shall promptly notify the Secretary of the State Board of Health of the existence of any epidemic or unusual sickness or mortality that may come to his knowledge within his own sanitary jurisdiction or contiguous thereto, and when thus informed it shall be the duty of the Secretary of the State Board of Health to co-operate with and aid the local health authorities in making scientific and practical investigation into the cause or causes of any existing disease, and in devising the most efficient means for its restriction or suppression, or for the exclusion of any threatened disease,²² and to this end he may exercise all the powers of the State Board of Health.

Tuberculosis is the only communicable disease in Maryland which is not reported through the local health officer. Cases of this disease should be reported on special cards prepared for the purpose. All the data should be faithfully supplied, especially an answer to the question, "Have tubercle bacilli been demonstrated in the sputum?" and the card enclosed in an envelope, sealed and mailed direct to the State Department of Health. This is imperative, as the information submitted concerning a tuberculous person is required by law to be regarded as sacredly confidential. Had such a feature not been agreed upon the tuberculosis bill, the first of its kind, never would have become a law. However, I sometimes think it would be well for health officers to be informed of the cases of tuberculosis existing within their respective jurisdictions. As it stands today, a health officer does not officially know of the existence of a tuberculous case in his territory until said victim is claimed by death or changes his habitation.

I shall next append the law requiring a prompt reporting of tuberculous cases.

REGISTRATION OF TUBERCULOSIS.

Chapter 412, Acts of 1904.

Adding New Sections to Article 43 of the Code of Public General Laws.

SECTION 34 G. Be it enacted by the General Assembly of Maryland, that from and after the passage of this act the State Board of Health of Maryland shall keep a register of all persons in this State who are known to be affected with tuberculosis.²³ The State Board of Health shall have sole and exclusive control of said register, and shall not permit inspection thereof nor disclose any of its personal particulars except to officials authorized under the laws of Maryland to receive such information.

SECTION 34 H. The superintendent or other person in charge or control of any hospital, dispensary, school, reformatory or other institution deriving the whole or any part of its support from the public funds of the State of Maryland, or any city, town or county in the State of Maryland, having in charge or under care or custody any person or persons suffering with pulmonary or laryngeal tuberculosis, shall, within forty-eight hours after recognition of such disease, make, or cause to be made, in the manner and form prescribed by the State Board of Health, a record of the name, age, sex, color, occupation, social condition and residence of the person or persons so affected, together with such information as may seem necessary or important. And all such records shall be delivered under seal of the State Board of Health on Monday of the week immediately following that in which the records were made. Any superintendent or other person charged with a duty under this section who shall fail or refuse to comply with the requirements of this section shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not more than twenty-five dollars.

SECTION 34 I. Whenever any physician knows that any person under his professional care is affected with pulmonary or laryngeal tuberculosis, he shall transmit to the Secretary of the State Board of Health within seven days, and upon blanks provided by the State Board of Health for that purpose, the name, age, sex, color, occupation, social condition and residence of such person, and any physician failing or refusing to comply with the requirements of this section shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of ten dollars.

SECTION 34 J. The apartments occupied by any consumptive shall be deemed infected, and when vacated by death or removal of said consumptive occupant shall be disinfected by the Board of Health of the city, town or county in which such apartments are situated. And it shall be the duty of the householder, physician or other person having knowledge of the facts to notify the local Board of Health within forty-eight hours after the death or removal of a person affected with pulmonary or laryngeal tuberculosis. And any person failing to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of ten dollars.

SECTION 34 K. Any person who lets for hire or causes or permits anyone to occupy apartments previously occupied by a consumptive, before such apartments shall have been disinfected by a Board of Health, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined twenty-five dollars.

SECTION 2. And be it enacted that this act shall take effect from the date of its passage.

Approved April 8, 1904.

So far, so good. Let us assume that the tuberculous case has been promptly reported by the faithful, law-abiding physician, on the proper card, with all the data complete, signed, sealed and mailed direct to the State Department of Health. Let us also assume that the physician, called in to see a patient in whom he suspects smallpox,²⁴ has telephoned the facts in the case to the local health officer; the latter has hastened to the scene, and, agreeing with the family physician in his provisional diagnosis, has telephoned or telegraphed the State Board to send a representative to verify it; the patient has been duly quarantined and all contacts vaccinated.

In reporting a case of one of the commoner types of communicable disease a slightly different program has been outlined. The name of the disease, the name of the patient, the date and all necessary information should be written on an infectious disease card, using a separate card for each case. (A copy of this card appears as Figure 1.) This should be done immediately, as required by a special regulation adopted by the State Board of Health at its regular monthly meeting held on July 1, 1911, a copy of which is subjoined:

The State Board of Health of Maryland at its regular monthly meeting, held July 1, 1911, passed the following order requiring

derpaid health officer, to transcribe the complete data upon a daily report sheet and mail same to the State Department of Health.²⁶ The regulation does not require that each and every case shall be written upon a separate daily report sheet, but that all the cases received during a single day may be entered upon a daily report sheet at the close of the day and mailed to the State Department. If no case of infectious disease has occurred on any day, then no daily report sheet is expected. The health officer should be sure to date and sign the daily report sheet.

A copy of the daily report sheet appears in this article as Figure IV. Special envelopes, already stamped, are provided for the mailing of these sheets. Health officers are urgently requested to have on hand a generous supply of these envelopes and daily report sheets, which are supplied gratuitously by the State Department of Health.

A copy of the law requiring local Boards of Health to send in daily reports of infectious diseases appears on the reverse side of the daily report sheet. This has been photographed, and appears in this paper as Figure V. However, in addition to the photograph, the importance of this matter prompts me to subjoin herewith the paragraph from the Maryland law upon the subject:

ATTENTION OF HEALTH OFFICERS IS CALLED TO THE PROVISIONS
OF SECTION 53 OF ARTICLE 43 OF THE CODE OF
PUBLIC GENERAL LAWS.

53. *When any board of health has had notice of the occurrence within its sanitary jurisdiction of a case of smallpox or any other contagious or infectious disease, dangerous to public health, such board of health shall, within twenty-four hours after the receipt of such notice, notify the State Board of Health of the same.*

Under the provisions of this section the following diseases must be reported *daily*: Smallpox, typhoid fever, diphtheria, scarlet fever, measles, whooping-cough, mumps, acute epidemic cerebro-spinal meningitis, acute epidemic anterior poliomyelitis, acute dysentery, influenza, Asiatic cholera and bubonic plague.

IV. TO WHOM SHOULD THE REPORT BE SENT?

To many physicians, especially those practicing in the more remote rural districts, this is not infrequently a perplexing question.

In most instances the physician is fairly conversant with the law on the subject. He is thoroughly conscientious and wide awake as to his public duty in this respect, and he is also extremely anxious to comply with the spirit and the letter of the law. But the fact that he does not know the name of the health officer is a stumbling-block, and oftentimes thwarts his good intentions. Then, too, the *personnel* of the town, county and district health officers is constantly changing; truly an unfortunate state of affairs. That is why I hesitate about appending herewith a copy of the present list of health officers, but shall do so subsequently, knowing that such a list will be of service, at least for a time. Unquestionably

ATTENTION OF HEALTH OFFICERS IS CALLED TO THE PROVISIONS
OF SECTION 53 OF ARTICLE 43 OF THE CODE OF
PUBLIC GENERAL LAWS.

53. *When any board of health has had notice of the occurrence within its sanitary jurisdiction of a case of smallpox or any other contagious or infectious disease dangerous to public health, such board of health shall, within twenty-four hours after the receipt of such notice, notify the State Board of Health of the same.*

Under the provisions of this section the following diseases must be reported DAILY: Smallpox, typhoid fever, diphtheria, scarlet fever, measles, whooping-cough, mumps, acute epidemic cerebro-spinal meningitis, acute epidemic anterior poliomyelitis, acute dysentery, influenza, Asiatic cholera and bubonic plague.

Please use only the envelope furnished for this purpose and addressed as follows:

To the Secretary,
State Department of Health,
6 E. Franklin St.,
Baltimore, Md.

And do not use these envelopes for any other purpose.

MARSHALL LANGTON PRICE,
Secretary.

Official,

C. W. G. ROHRER,

Acting Chief, Bureau of Communicable
Diseases.

If more blanks are needed, order as C. D. No. 1.

Figure V.—Reverse side of a daily report sheet. It contains a copy of the section of the Maryland law requiring a report within twenty-four hours of all contagious or infectious diseases.

the time will soon come when all health officers will be required to be full-time men, and they will receive sufficient salary to justify them in devoting all of their time to this work. The tenure of office will also be for as long a period as they shall faithfully perform the duties thereof; otherwise no competent physician would care to relinquish the sure-footed position accorded to him by a substantial private practice in order to take his station upon the rainbow bridge of public health work.

A list of the various health officers throughout the counties of Maryland will next be given. It may be of service to add at this juncture that the corporate limits of the city of Baltimore constitute a separate and distinct public health jurisdiction. Cases of infectious disease occurring therein should be sent to Dr. Nathan R. Gorter, Health Commissioner of Baltimore.²⁷ My remarks apply only to the entire State of Maryland, exclusive of Baltimore city.

COUNTY AND DISTRICT HEALTH OFFICERS.

Allegany County.....	Dr. J. C. Holdsworth.....	Midland
Anne Arundel County....	Dr. Walton H. Hopkins....	Annapolis
1st Precinct.....	Dr. Chas. H. Brooke.....	Brooklyn
3d Precinct.....	Dr. Thomas B. Horton....	South Baltimore
Baltimore County.....	Dr. Henry M. Slade.....	Towson
1st District.....	Dr. Marshall B. West.....	Catonsville
2d District.....	Dr. H. F. Shipley.....	Granite
3d District.....	Dr. Henry A. Naylor.....	Pikesville
4th District.....	Dr. Henry M. Slade.....	Towson
5th District.....	Dr. C. E. Foulle.....	Hampstead
6th District.....	Dr. Joseph Baldwin.....	Freeland
7th District.....	Dr. E. W. Heyde.....	Parkton
8th District.....	Dr. Benjamin Benson.....	Cockeysville
9th District.....	Dr. Claud C. Smink.....	Lauraville
10th District.....	Dr. J. T. Payne.....	Phoenix, R. F. D. 1
11th District.....	Dr. James F. H. Gorsuch....	Fork
12th District.....	Dr. W. E. McClanahan....	Highlandtown
13th District.....	Dr. Frank H. Ruhl.....	Lansdowne
14th District.....	Dr. Wm. F. Clayton.....	Overlea
15th District.....	Dr. John W. Harrison.....	Middle River
16th District.....	Dr. G. C. McCormick.....	Sparrows Point
Calvert County.....	Dr. I. N. King.....	Barstow
Caroline County.....	Dr. J. R. Downes.....	Preston
Carroll County.....	Dr. Chas. R. Foutz.....	Westminster
1st District.....	Dr. Franklin H. Seiss.....	Taneytown
2d District.....	Dr. Luther Kemp.....	Uniontown
3d District.....	Dr. G. Lewis Wetzel.....	Union Mills
4th District.....	Dr. Robert F. Wells.....	Ganber
5th District.....	Dr. M. D. Morris.....	Eldersburg
6th District.....	Dr. John F. B. Weaver.....	Manchester
7th District.....	Dr. Chas. R. Foutz.....	Westminster
8th District.....	Dr. R. C. Wells.....	Hampstead
9th District.....	Dr. Edwin D. Cronk.....	Winfield
10th District.....	Dr. Chas. R. Diller.....	Detonr
11th District.....	Dr. George H. Brown.....	New Windsor
12th District.....	Dr. James Watt.....	Union Bridge
13th District.....	Dr. Irving D. Chaney.....	Mt. Airy
14th District.....	Dr. Daniel B. Sprecker.....	Sykesville
Cecil County.....	Dr. Jackson Conrey.....	Chesapeake City
Charles County.....	Dr. Ernest Spencer.....	Bel Alton
Dorchester County.....	Dr. Victor C. Carroll.....	Cambridge
Frederick County.....	Dr. James M. Goodman.....	Frederick
Garrett County.....	Dr. N. I. Broadwater.....	Oakland
Harford County.....	Dr. H. Lee Hughes.....	Belair
Howard County.....	Dr. Wm. C. Stone.....	Ellicott City
1st District.....	Dr. Wm. C. Eareckson....	Elkridge
2d District.....	Dr. Wm. C. Stone.....	Ellicott City
3d District.....	Dr. B. F. Shipley.....	Alpha
4th District.....	Dr. J. W. Sims.....	Glenwood
5th District.....	Dr. S. A. Nichols.....	Dayton
6th District.....	Dr. T. W. Linthicum.....	Savage
Kent County.....	Dr. George R. Jones.....	Galena
Montgomery County....	Dr. C. H. Mannar.....	Rockville
Prince George's County..	Dr. John E. Sansbury.....	Forestville
Queen Anne's County....	Dr. A. E. Landers.....	Crumpton
Somerset County.....	Dr. T. Jacob Smith.....	Princess Anne
St. Mary's County.....	Dr. F. F. Greenwell.....	Leonardtown
Talbot County.....	Dr. E. R. Trippe.....	Easton
Washington County.....	Dr. W. D. Campbell.....	Hagerstown
Wicomico County.....	Dr. Chas. R. Truitt.....	Salisbury
Worcester County.....	Dr. Paul Jones.....	Snow Hill

TOWN HEALTH OFFICERS.

Aberdeen.	Dr. Chas. R. Kriete.	Harford Comty
Annapolis.	Dr. Wm. S. Welch.	Anne Arundel Co.
Brunswick.	Dr. Levin West.	Frederick County
Cambridge.	Dr. E. E. Wolff.	Dorchester County
Crisfield.	Dr. C. E. Collins.	Somerset County
Cumberland.	Dr. Francis E. Harrington.	Allegany County
Easton.	Dr. J. B. Merritt.	Talbot County
Frederick.	Dr. Ira J. McCurdy.	Frederick County
Frostburg.	Dr. Timothy Griffith.	Allegany County
Garrett Park.	Through County H. O.	Montgomery County
Havre de Grace.	Dr. F. W. Steiner.	Harford County
Hancock.	Dr. H. E. Tabler.	Washington County
Kensington.	Dr. Wm. L. Lewis.	Montgomery County
Lonaconing.	Dr. James O. Bullock.	Allegany County
Laurel.	Dr. W. F. Taylor.	Prince George's Co.
Mount Rainier.	Dr. J. C. Ohlendorf.	Prince George's Co.
Olney.	Dr. Chas. Farquhar.	Montgomery County
Pocomoke City.	Dr. R. Lee Hall.	Worcester County
Takoma Park.	Mr. H. E. Rogers.	Montgomery County
Takoma Sub. Reg.	Mr. L. M. Mooers.	Montgomery County
Westernport.	Dr. A. B. Kalbaugh.	Allegany County

Space will not permit me to publish this paper entire in the present issue of the MARYLAND MEDICAL JOURNAL. It is my intention to complete it for the following issue. The importance of this subject²⁸ is such that it should be brought to the notice of every physician, parent and householder throughout the length and breadth of the State of Maryland.

REFERENCES.

¹As my apologies for thrusting so uninteresting a paper upon the indulgent reader are identical with those set forth by Dr. Gallup, in the preliminary paragraph of his "Sketches of Epidemic Diseases in the State of Vermont," I shall here quote it entire:

"Should some fastidious critic demand an apology of an obscure individual for publicly approaching the important subjects of the following sheets, he may receive for answer: first, because nothing is more needed; and secondly, because the subject has been neglected by those better qualified."

"Right here I shall beg the indulgence of my professional brethren and others while I make a rigid protest against the unpardonable use of the term "doctor," when "physician" is meant. My esteemed friends, the newspaper men, will soon be heralding in striking headlines the fact that quite a large class of "doctors" have been graduated from each of the five medical schools in Maryland. The newspapers are great educators, and none are better than those of our own State; but I sincerely hope that in the future the word "physician" will appear when medical practitioner is meant.

"The ten plagues of Egypt, sometimes denominated Pharaoh's plagues, recorded in the book of Exodus, the study of which interested me greatly as a Sunday-school boy, have not outlived their peculiar fascination. Most of them have even survived the 3000 years which intervened between those troublous times and the present. The entire list of these ten plagues is as follows:

1. Water made blood.
2. Frogs.
3. Lice.
4. Flies.
5. Murrain.
6. Boils and blains.
7. Thunder and hail.
8. Locusts.
9. Darkness.
10. Firstborn slain.

⁴In this paper I have used the appellations "State Board of Health" and "State Department of Health" interchangeably, as they are identical in meaning. In the language of the older law this important arm of the State government is termed the "State Board of Health;" when the Bureau Bill went into effect, on April 13, 1910, for the purposes of that Act the State Board of Health became known under the title and designated "State Department of Health."

⁵During the Middle Ages curious notions prevailed concerning the origin of communicable diseases, especially those assuming pestilential or epidemic pro-

portions. The historian Fort, in his "Medical Economy During the Middle Ages," writes, as follows, on pp. 348 and 349:

"Pestilential diseases, from the decline of Rome to the termination of the Middle Ages, in whatever form they appeared, were usually preceded by such natural phenomena as attracted notice of contemporaneous annalists, who in many cases made a permanent record of these strange occurrences. Earthquakes, falling mines, inundations, comets, and stains on clothing, houses and utensils, which after the most careful ablution reappeared more vividly than before, belonged to these miraculous events appurtenant to each specific epoch, preceding the approach of epidemics, spreading fear and consternation among all nations.

"As possible precursors of epidemics, the habits of animals, according to high medical philosophers, should be closely observed as an indication of future diseases, it being urged that serpents shunned their usual places, and birds, instead of flying by day, went in flocks at night, on account of atmospheric corruption. During the thirteenth century the nature of comets was sufficiently understood to be described as a 'blazing star or incendiary cloud,' and they performed an important function in prognosticating pestilences or other phenomenal disorders, which were predicted upon a minute astrological scheme to the first years of the fourteenth century."

"Now that the woodman's axe is heard in almost every forest throughout the length and breadth of our State, it strikes me as peculiar that so little comment should be made upon the probable effect of such wholesale destruction of our woodlands upon human health, especially in its relation to communicable diseases. The sight of the felling of the giant oaks, centuries old and towering in silent majesty above all the surrounding vegetation, on the tract of land known as Garrett's woods, opposite Clifton Park, on the Harford road, gave rise to these melancholy reflections.

Harper's Weekly, one of the greatest of American periodicals, in a recent number, has this to say concerning forests and hygiene, or the value of forest trees from the standpoint of human health:

"We hear much of the importance of the conservation of forests from an economic standpoint, but little is said as to the hygienic value of forests.

"Forests contribute to the general health by breaking the force of steadily blowing winds. They mitigate the heat of summer by the vast amount of evaporation from their leaves that occurs by day. They also promote rainfalls. Thus they check the tendency of the earth to desiccate, which is almost as injurious to health as it is to vegetation.

"Cholera often passes a wooded district and revels in a treeless one. A certain road in India leads for sixty miles through a dense forest. Farther on it runs for ninety miles through a barren plain. Hundreds of persons travel the entire road daily. Now, in the first or wooded section cases of cholera seldom occur, while within the latter it has been of frequent occurrence. One year cholera raged in Allahabad. Soldiers whose barracks were on a hill suffered the most from the epidemic; those in barracks surrounded by four rows of trees much less. But not a single case occurred among the soldiers whose barracks were in a thicket. It was the same the next year."

Lord Byron (1788-1824), in his powerful drama entitled *Marino Faliero*, wrote as follows:

"They never fail who die
In a great cause. The block may soak their gore;
Their heads may sodden in the sun; their limbs
Be strung to city gates or castle walls;
But still their spirit walks abroad. Though years
Eclipse, and others share as dark a doom,
They but augment the great and sweeping thoughts
That overspread all others, and conduct
The world at last to freedom."

"I am reminded of the following eulogistic little stanza from Michael J. Barry's "The Dublin Nation," which I copied in my note-book twenty-three years ago:

"But whether on the scaffold high,
Or in the battle's van,
The fittest place where man can die
Is where he dies for man."

"Many times in qualifying a disease we use the terms communicable, infectious, contagious, transmissible and epidemic interchangeably, and such is the import of their meaning in the present paper, I make this explanation at the outset, so that no confusion will arise when I use the term "communicable" at one place, "infectious" at another, etc., etc. If one were to stick closely to the dictionary definitions, the above plan would hardly be admissible. We shall not, I am sure, take to splitting hairs over mere technicalities; but, keeping our goal in view—recognizing these diseases, reporting them promptly, and curing them, press nobly on to the mark of our high calling.

"The contempt for the valetudinarian, expressed by the late Robert Louis Stevenson (b. 1850, d. 1895), himself the most heroic of invalids, is interesting. "To forego all the issues of living in a parlor with a regulated temperature," he writes, "as if that were not to die a hundred times over, and for ten years at a stretch! As if it were not to die in one's own lifetime, and without even the sad immunities of death! As if it were not to die, and yet be patient spectators of our own pitiable change! The permanent possibility is preserved, but the sensations carefully held at arm's length, as if one kept a photographic plate in a dark chamber. It is better to lose health like a spendthrift than to waste it like a miser. It is better to live and be done with it than to die daily in the sickroom." (Robert Louis Stevenson fell a victim to tuberculosis.)

¹²As William Cowper (1731-1800) wrote in Bk. III of his delightful poem "The Task":

"All flesh is grass, and all its glory fades
Like the fair flower dishevel'd in the wind;
Riches have wings, and grandeur is a dream;
The man we celebrate must find a tomb,
And we that worship him, ignoble graves."

In the words of Abd-el-Kader:

"Death is a black camel, which kneels at the gates of all."

¹³Charles Dickens (1812-1870), the man of the ready pen and kindly heart, commenting upon the death of little children, tenderly wrote as follows:

"When death strikes down the innocent and young, for every fragile form from which he sets the panting spirit free, a hundred virtues rise, in shapes of mercy, charity, and love, to walk the world and bless it. Of every tear that sorrowing mortals shed on such green graves, some good is born, some gentler nature comes. In the destroyer's steps there spring up bright creations that defy his power, and his dark path becomes a way of light to heaven."

¹⁴The above excellent letter was published in the *Medical Record*, New York, March 13, 1886. It was prompted by the regrettable fact, as Dr. Gross himself states, that "so many aspersions have been cast upon the medical profession, even by some of its members, that I considered it my duty to enter the field and fire a shot at the enemy." (See his Autobiography, Vol. II, pp. 94-99.)

¹⁵Pope, in his Essay on Man, comments as follows on incipient disease:

"As man, perhaps, the moment of his breath,
Receives the lurking principle of death,
The young disease, that must subdue at length,
Grows with his growth, and strengthens with his strength."

¹⁶Strange to relate, outbreaks of communicable diseases sometimes subserve a most useful purpose. They act as a whip or spur, to urge us to clean up our habitations and put forth our utmost endeavors to make our surroundings salubrious and pleasing. A "clean-up day" is set apart in the city, town or rural community upon whom the rod of affliction has fallen; and the inhabitants emerge from the conflict a sadder but wiser people. This point was observed by Grew, a great writer and physician of three centuries ago. Note what he has to say in his *Cosmol.* c. 2, Sec. 49, 50:

"Neither are they [noxious Creatures] of less use to amend our minds; by teaching us care and diligence, and more wit. And so much the more, the worse the things are we see, and should grieve. Weesles, kites and other mischievous animals induce us to watchfulness. Thistles and moles to good husbandry. Lice oblige us to cleanliness in our bodies; spiders in our houses; and the moth in our clothes. The deformity and filthiness of scine make them the beauty-spot of the animal creation, and the emblems of all vice. The truth is, things are hurtful to us only by accident; that is, not of necessity, but through our own negligence, or mistake. Houses decay, corn is blasted, and the accursed breeds in mould, soonest towards the south. Be it so, it is then our own fault if we use not the means which nature and art have provided against these inconveiences."

¹⁷Thomas Henry Huxley (1825-1895), in his lay sermon "On the Advisableness of Improving Natural Knowledge," makes the following suggestive allusions to plagues and pestilences as affecting the human race:

"This time two hundred years ago—in the beginning of January, 1666—those of our forefathers who inhabited this great and ancient city took breath between the shocks of two fearful calamities; one not quite past, although its fury had abated; the other to come.

"Within a few yards of the very spot on which we are assembled, so the tradition runs, that painful and deadly malady, the plague, appeared in the latter months of '66; and, though no new visitor, smote the people of England, and especially of her capital, with a violence unknown before, in the course of the following year. The hand of a master has pictured what happened in those dismal months; and in that truest of fictions, *The History of the Plague Year*, Defoe shows Death, with every accompaniment of pain and terror, stalking through the narrow streets of old London, and changing their busy hum into a silence broken only by the wailing of the mourners of fifty thousand dead; by the woeful denunciations and mad prayers of fanatics; and by the madder yells of despairing profligates.

"But, about this time in 1666, the death-rate had sunk to nearly its ordinary amount; a case of plague occurred only here and there, and the richer citizens who had flown from the pest had returned to their dwellings. The remnant of the people began to toil at the accustomed round of duty or of pleasure; and the stream of city life bid fair to flow back along its old bed with renewed and uninterrupted vigor.

"The newly kindled hope was deceitful. The great plague, indeed, returned no more; but what it had done for the Londoners, the great fire, which broke out in the autumn of 1666, did for London; and, in September of that year, a heap of ashes and the indestructible energy of the people were all that remained of the glory of five sixths of the city within the walls. * * *

"We have learned that pestilences will only take up their abode among those who have prepared unswept and ungarnished residences for them. Their cities must have narrow, unwatred streets, foul with accumulated garbage. Their houses must be ill-drained, ill-lighted, ill-ventilated. Their subjects must be ill-washed, ill-fed, ill-clothed. The London of 1665 was such a city. The cities of the East, where plague has an enduring dwelling, are such cities. We, in later times, have learned somewhat of Nature, and partly obey her. Because of this partial improvement of our natural knowledge and of that fractional obedience,

we have no plague; because that knowledge is still very imperfect and that obedience yet incomplete, typhus is our companion and cholera our visitor. But it is not presumptuous to express the belief that, when our knowledge is more complete and our obedience the expression of our knowledge, London will count her centuries of freedom from typhus and cholera, as she now gratefully reckons her two hundred years of ignorance of that plague which swooped upon her thrice in the first half of the seventeenth century.

¹⁷Barton, in his *Anatomy of Melancholy*, says that diseases "crucify the soul of man, attenuate our bodies, dry them, wither them, shrivel them up like old apples, make them as so many anatomies."

¹⁸INFECTIOUS DISEASES.

Rev. Code 1889, Art. 43, 1882, Ch. 155, Sec. 1.

15. When the health authority of any city or town, or any justice of the peace for any county, is of opinion, on the certificate of a qualified medical practitioner, that the cleansing and disinfecting of any house or part thereof, and of articles therein likely to retain infection, would tend to prevent or check infectious diseases, it shall be the duty of such authority or justice of the peace to give notice in writing to the owner or occupier of such house or part thereof, requiring him or her to cleanse and disinfect such house or part thereof, and articles, within a time specified in such notice; and if the person to whom such notice is so given fails to comply therewith, he or she shall be liable to a penalty of not less than five dollars and not exceeding ten dollars for every day during which he or she continues to make default; and the health authority or justice of the peace, as the case may be, shall cause such house or part thereof, and articles, to be cleansed and disinfected, and may recover the expenses incurred from the owner or occupier in default, as other fines and forfeitures are recoverable; provided that where the owner and occupier of any such house or part thereof is, from poverty or otherwise, unable, in the opinion of such health authority or justice of the peace, effectually to carry out the requirements of this section, such authority or justice of the peace may, without enforcing such requirements on such owner or occupier, clean and disinfect such house or parts thereof, and articles, and the city, town or county in which such house is situated shall defray the expenses thereof.

Ibid., Sec. 2.

16. Any health authority in any city or town, or any justice of the peace for the county, may direct the disinfection or destruction of any bedding, clothing or other articles which have been exposed to infection from any dangerous infectious disorder; provided, that when any person sustains any damage by reason of the exercise of any of the powers of this article, in relation to any matter as to which he is not himself in default, reasonable compensation shall be made by the municipal or county authorities to such person.

¹⁹The following are the Diphtheria Statistics for the counties of Maryland (the entire State of Maryland, exclusive of Baltimore city) for the past five years:

In 1908 there were 642 cases of diphtheria reported, with 120 deaths.
In 1909 there were 614 cases of diphtheria reported, with 89 deaths.
In 1910 there were 600 cases of diphtheria reported, with 105 deaths.
In 1911 there were 783 cases of diphtheria reported, with 95 deaths.
In 1912 there were 784 cases of diphtheria reported, with 108 deaths.

²⁰For example, the recent smallpox outbreak in Allegany county has incurred an expense upon that county totalling \$8500.

²¹Berham in his "Physico-Theology," pp. 173-177, points out how life and death through the intervention of disease and decay keep an equal pace. In support of the above he appends a significant table, which I have abridged and included in this footnote.

"By this means (lessening the common age of man to 70 or 80 years) the peopled world is kept at a convenient stay, neither too full, nor too empty. For if men (the generality of them, I mean) were to live now to *Methuselah's* age of 969 years, or only to *Abraham's*, long after the flood, of 175 years, the world would would be too much over-run. Or if the age of man was limited to that of divers other animals, to ten, twenty or thirty years only, the decays then of mankind would be too fast. But at the middle rate mentioned, the balance is nearly even, and life and death keep an equal pace. * * *

"There is a certain rate or proportion in the propagation of mankind. Such a number marry, so many are born, such a number die; in proportion to the number of persons in every nation, county or parish. And as to births, two things are very considerable: One is the proportion of males and females, not in a wide proportion, not an uncertain, accidental number at all adventures, but nearly equal. Another thing is that a few more are born than appear to die in any certain place."

Names of the Places.	Marriages to	Marriages to
	Births as	Burials as
England in general.....	1 to 4.63	1.12 to 1
London	1 to 4.	1 to 1.1
Hantsire, from 1569 to 1658.....	1 to 4.	1.2 to 1
Tiverton in Devonshire, 1560 to 1649.....	1 to 3.7	1.23 to 1
Cranbrook in Kent, 1560 to 1649.....	1 to 3.7	1.6 to 1
Upminster in Essex, for 100 years.....	1 to 4.6	1.08 to 1
Frankfort-on-the-Main in 1636.....	1 to 4.6	1.2 to 1.
Breslau in Silesia, from 1687 to 1691.....	1 to 3.7	1.6 to 1.
Paris in 1670, 1671 and 1672.....	1 to 4.7	1.6 to 1

²²Doctor William Berham (b. 1657, d. 1735), in his volume of lectures entitled "Physico-Theology," delivered at the close of the seventeenth century, has the following to say concerning winds and epidemic diseases in a footnote on p. 17:

"All this is more evident from the cause assigned to malignant epidemical diseases, particularly the plague, by my ingenious learned friend, Dr. Mead; and that is an hot and moist temperament of the air, which is observed by Hippocrates, Galen and the general histories of epidemical diseases to attend those distempers. *Vol. Head of Poisons, Essay 5, p. 161.* But indeed, whether the cause be this, or poisonous, malignant exhalations, as others think, the winds are however very salutiferous in such cases in cooling the air and dispersing and driving away the moist or putrififerous vapours."

"*July 8, 1707* (called for some time after the *Hot Tuesday*), was so excessively hot and suffocating, by reason there was no wind stirring, that divers persons died, or were in great danger of death, in their harvest work. Particularly one who had formerly been my servant, a healthy, lusty young man was killed by the heat. And several horses on the road dropped down and died the same day."

"On pp. 166 and 167 of Lib. I. Chap. 47, of a very quaint old volume entitled *Synopsis Medicinæ*, we find the following statements made in reference to the course usually taken by acute diseases in the old and in the young, in the summer and in the winter, in a wet season and in a dry season:

"Youth hath more strength and natural heat than old age; and so sickness is longer in old people than in young.

"And the reason is because they more abound with cold humours, have a weaker digestion and decay of natural heat.

"Diseases in the spring are less dangerous than diseases in the harvest (which prove more often deadly). The summer shortens sickness, but the winter prolongs it. For in the summer the pores being open, the evil humours being stirred up and rarified by the heat of the air, are transpired; but in winter being closed and condensed by cold that are retained within.

"A dry season is more wholesome, and not so deadly as a rainy; for dryness resisteth putrefaction, humidity causeth superfluities, excrements and diseases. When the season is constant, the disease is constant; but inconstant, the sickness is the more variable, and a dangerous crisis is to be expected from whence either death or the matter of a new sickness may be looked for.

"According to the greatness of the cause is the greatness of the disease. Hence a violent cause against nature shows a great and dangerous or mortal sickness. * * *

"Gentle and mild diseases are commonly long; sharp, acute and fierce are ended within about 14 days; extreme hot in about seven days.

"There can be no certain judgment of hot and sharp diseases, by reason that as they on a sudden wax great; so in that extremity they as suddenly end, as well in life as in death. Wherefore while the humors are in motion, suspend judgment, for it is not certain whether they will fall on a noble or ignoble part within or without the vessels."

"Pascome, on pp. 92 and 93 of his excellent monograph "History of Epidemic Pestilences," records the following interesting observation:

"It has frequently been observed that epidemic anginas, catarrhs, measles, etc., precede great and destructive plagues and pestilences. It is so in our day. The terrible pestilential cholera of 1817 and subsequent years was preceded by influenza, etc. For the constitution of the seasons by which these diseases are caused becomes increased in its malignancy and powers by the repeated accumulation of the peculiar poison, and it consequently induces the highest gradation of disease, pestilence or plague—all these distempers being essentially similar, differing in appearance only as modified by climate, season, etc., and also by the duration and energy of various efficient causes."

"The following melodious lines, pervaded by much sweetness and grace, occur at the opening of Oliver Goldsmith's exquisite poem, "The Deserted Village," which was first published in 1770. They portray the ideal condition which will exist when "the fullness of time is come" and all communicable diseases are reported, when all births and deaths are registered, and when adequate attention will have been given to sewage and drainage. Goldsmith was a medical graduate, and hence his verses are of peculiar interest to the medical fraternity:

"Sweet Auburn! loveliest village of the plain;
Where health and plenty cheered the laboring swain,
Where smiling spring its earliest visit paid,
And parting summer's lingering blooms delayed:
Dear lovely bowers of innocence and ease,
Seats of my youth when every sport could please,
How often have I loitered o'er thy green,
Where humble happiness endeared each scene!"

"Owing to continued ill-health, Dr. Price tendered his resignation as secretary to the State Board of Health in January, 1913. It was regretfully accepted by the board at its regular monthly meeting held on January 16, 1913. Dr. John S. Fulton, who had also been Dr. Price's predecessor in office, was unanimously elected at the same meeting to fill the vacancy made by Dr. Price's resignation.

For nearly seven years Dr. Price performed the duties of his office with great credit to himself and lasting benefit to the people of the State of Maryland. Besides his studies in tuberculosis, which are quoted throughout the length and breadth of our land, he succeeded in bringing about a number of important reforms, systematizing the work of the board and enlarging its sphere of usefulness. Among these innovations might be mentioned the passage of the Pure Food and Drugs Law of Maryland, the organization of the work of the board into bureaus, the daily report of infectious diseases, and the publication of the *Health Officers' Bulletin*.

Dr. Fulton needs no introduction to the people of Maryland. His deeds are known of all men, and his name has become a household word amongst us.

"The ordinance of City Council of Baltimore, requiring the report by physicians of cases of smallpox, cholera, yellow fever, malignant diptheria or scarlet

fever and varioloid within 24 hours after first visit, antedates the State law on this subject by eight years, having been approved by the Mayor on October 21, 1882. On March 20, 1890, it was amended so as to require report of measles, whooping-cough, pseudo-membranous croup and mumps.

²⁸Truly, in the words of the immortal poet:

"Ill fares the land, to hastening ills a prey,
Where wealth accumulates and men decay;
Princes and lords may flourish, or may fade—
A breath can make them, as a breath has made;
But a bold peasantry, their country's pride,
When once destroyed, can never be supplied."

6 East Franklin Street.

(*To be continued.*)

A COURSE OF LECTURES ON TROPICAL MEDICINE AT THE UNIVERSITY OF MARYLAND.

A COURSE of lectures on tropical diseases in charge of Dr. James A. Nydegger, Surgeon, United States Public Health Service, an alumnus of the university (1892), was instituted at the beginning of the present year. Below we append a memorandum of the course. These lectures have been largely attended by the students and the profession. Authorities on various subjects of this important branch of medicine have delivered, during the course, addresses, notably among which were Dr. Stiles on "Hook-worm" and Dr. Carter on "Yellow Fever."

It is understood that this course will be continued by the faculty, and will extend through the entire scholastic year, beginning in October next.

The university is to be congratulated on having instituted this course, and it should be well patronized. The clinical material will be drawn from the United States Marine Hospital, this city, and from elsewhere by special arrangement.

January 13, 1913. Lecture 1, by Dr. Nydegger. Introductory. "History of Tropical Medicine from Ancient Times Down to the Present."

January 20, 1913. Lecture 2, by Dr. Nydegger. "Dysentery. Bacterial, Protozoal, Pseudo."

January 27, 1913. Lecture 3, by Dr. Nydegger. "Amebic Dysentery."

February 3, 1913. Lecture 4, by Prof. Ch. Wardell Stiles, Hygienic Laboratory, United States Public Health Service. "Hook-worm." (Illustrated with lantern slides.)

February 10, 1913. Lecture 5, by Dr. Nydegger. "Amebic Dysentery." (Illustrated with lantern slides.)

February 17, 1913. Lecture 6, by Dr. Nydegger. "Trypanosomiasis in General." (Illustrated with lantern slides.)

February 24, 1913. Lecture 7, by Dr. H. R. Carter, United States Public Health Service. "Yellow Fever."

March 3, 1913. Lecture 8, by Dr. Nydegger. "Trypanosomiasis in Man." (Sleeping sickness.)

March 10, 1913. Lecture 9, by Dr. Nydegger. "The Filariases in Man and Animals." (Illustrated with lantern slides.)

March 17, 1913. Lecture 10, by Dr. Nydegger. "Leprosy." (Illustrated with lantern slides.)

March 24, 1913. Lecture 11, by Dr. W. C. Rucker, United States Public Health Service. "Plague." (Illustrated with lantern slides.)

March 31, 1913. Lecture 12, by Dr. Nydegger. "Cholera." (Illustrated with lantern slides.)

April 7, 1913. Lecture 13, by Dr. Nydegger. "Piroplasmosis." (Illustrated with lantern slides.)

April 14, 1913. Lecture 14, by Dr. C. H. Lavinder, United States Public Health Service. "Pellagra." (Illustrated with lantern slides.)

April 21, 1913. Lecture 15, by Dr. Nydegger. "Rocky Mountain Fever." (Illustrated with lantern slides.)

April 28, 1913. Lecture 16, by Dr. Nydegger. "Dengue."

May 4, 1913. Lecture 17, by Dr. Nydegger. "Sprue and Guinea Worm." (Illustrated with lantern slides.)

May 11, 1913. Lecture 18, by Dr. Nydegger. "Spirochetosis." (Illustrated with lantern slides.)

May 18, 1913. Lecture 19, by Dr. Nydegger. "The Relation of the Mosquito to the Malarias and Their Prophylaxis." (Illustrated with lantern slides.)

Clinical Lectures, and Presentation of Cases, and Exhibition of Specimens, a number of, during the course.

NAPOLEON'S CAMPAIGN IN RUSSIA ANNO 1812. Medico-Historical. By Dr. A. Rose. With illustrations by O. Merte, taken from Yelin "In Russland, 1812." Published by the author, New York, 173 Lexington avenue. 1913. Cloth, \$1.50.

The above-mentioned volume, though dealing somewhat with the historical side of Napoleon's Russian campaign, is mostly concerned with the medical aspects. Here is depicted the terrible suffering of that magnificent army of more than 500,000 souls when it entered Russian territory, decimated by the ravages of disease, thirst, hunger and mismanagement, so that only a handful re-entered Europe. From a medical aspect, the book is very interesting and throws a great amount of light upon the ultimate failure of the expedition. Other than the men were frozen, starved, dysenteric, and generally miserable, the author is unable to throw much light upon any other disease prevalent. He is, however, able to turn the searchlight upon one side of the medical aspect, namely, the utter unpreparedness of the medical corps through lack of supplies, even the most essential of medicines, to meet the emergencies of an extraordinary situation being lacking. As page after page one only reads of the terrible suffering of those noble souls, only here and there broken by the heroic devotion of a member of our profession to his duty, one's pity is aroused and one is brought to a thorough realization that war is, as tersely expressed by Sherman, "Hell."



DR. ADOLPH MEYER.
Director, Phipps Psychiatric Clinic, Johns Hopkins Hospital.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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BALTIMORE, MAY, 1913

THE PHIPPS PSYCHIATRIC CLINIC.

ON Wednesday, April 16, 1913, the Henry Phipps Psychiatric Clinic was dedicated and under the most auspicious circumstances opened for the reception of patients. This Clinic was made possible by the munificence and generosity of Mr. Henry Phipps of Pittsburgh, a far-seeing philanthropist. Since the inception of medicine, insanity has until very recent times been neglected by the profession. Indeed, these unfortunates were relegated to dungeons and considered hopelessly outside the pale of relief. Gradually, through the efforts of a coterie of psychiatrists, the profession as well as the public have been brought to the belief that a large number of the insane can be brought back to normal health, and through proper treatment be made useful and productive members of the community. This happy result was brought about by the realization that insanity is not a stigma, but a disease, and as such should be treated as any other malady rather than by cruelty and restraint. Thus a ray of light and sunshine has been offered the victims of mental disorders, and today, through scientific care, many are constantly being returned to our working forces. Everybody, however, realizes that it is easier to prevent than to cure; that it is in most instances easier to cure a disease in its incipency rather than in the later stages; but until the establishment of this Clinic this well-recognized feature in other branches of therapeutics has but fragmentarily been applied to mental maladies. Therefore, the opening of the Phipps Clinic inaugurates a new era in brain disorders. Here the border-line cases will be received, observed, watched, and placed under the best surroundings; in fact, every detail in the construction of the clinic has been with an eye to placing the patients under the best

circumstances to conduce to a rapid and complete restoral of the mental faculties. Significant of the importance placed by the world of science upon the establishment of this new undertaking by the Hopkins was the presence at its formal opening of Dr. F. W. Mott of London, Dr. Harvey Cushing of Boston, Dr. William McDougall of Oxford, Dr. Eugene Bleuler of Zurich, Dr. Emmett Jones of Toronto, Professor Heilbronner of the University of Utrecht, besides many other American and foreign physicians of equal reputation, and last, but not least, our own beloved Sir William Osler.

The opening ceremonies extended over a period of three days, at which addresses were made by the foremost scientists touching upon the remarkable strides made during the past decade in those whose minds have become unbalanced, and forecasts for still greater things in the near future.

Under the guidance of Dr. Adolph Meyer, a skilled and trained psychiatrist, we unqualifiedly predict that the Phipps Psychiatric Clinic will not only accomplish the object for which it was established, but that the dreams of the donor will be more than realized. The Clinic has immense possibilities in creating and inaugurating new lines of attacking mental problems. We therefore look for it in the near future to become the clearing-house of advance thought in problems applying to the mental system. We look for it to be the model along which here and there throughout the country similar clinics will be established. We look for it to be the schooling-place for the younger generation in advanced methods as applied to insanity.

As in all the other buildings of the Johns Hopkins Hospital group, the architects in designing the new clinic made it harmonize with the central building. One of the things which impresses the visitor is the fact that environment is going to play a most important part in the treatment. One of the novelties is a miniature theater, furnished in mission style. Here the patients will be entertained by lectures, concerts and other mental relaxers. Every provision has been made to chase away melancholy, depression and kindred evils. There is also a gymnasium equipped sufficiently thoroughly to afford exercise to those able to avail themselves of its use. Everything else is along the same original lines, namely, to make the surroundings comfortable, homelike and cheerful.

Baltimore is to be congratulated on its good fortune of being selected as the home of such a model institution. We predict that it will fulfill its beneficent mission.

Medical Items.

DR. ANDREW COLIN GILLIS has resigned as superintendent of Mercy Hospital and has left for Germany, where he will spend some time in study and in attending clinics. He has been superintendent of Mercy Hospital for two years. Dr. Edward T. Smith has been named as his successor.

DR. ADOLPH MEYER has named the following men as assistants in the Phipps Psychiatric Clinic of the Johns Hopkins Hospital: Dr. Edward J. Kempf, formerly chief physician at Central Hospital for the Insane, Indianapolis; Dr. Ralph P. Truitt, physician-in-chief of the Insane Department of Bayview Hospital; Dr. Tedrow S. Keyser, assistant physician at Bloomingdale Asylum, New York. The following will be internes: Dr. Roscoe W. Hall, physician at Bayview Hospital; Dr. Louisa Pearce, formerly interne at Johns Hopkins Hospital. Dr. Sydney R. Miller, instructor in clinical medicine at the Johns Hopkins Medical School, will be chief of the clinical laboratory.

THE commencement exercises of the Peninsula General Hospital were held on April 12. There were four graduates—Misses Euphemia J. Adamson, Irma Pardee Humphreys, Florence Thevilian and Mary Louise Schoolfield.

DR. CHARLES BAGLEY, JR., A.B., who has been in Boston for the last six months, recently spent a few days with his father, Dr. Charles Bagley, at his residence, 5 West Chase street. Dr. Bagley will spend the next six months in the Brigham Hospital of the New Howard Medical School in the interest of surgery.

DR. C. F. BURNAM of the Johns Hopkins Medical School gave an interesting lecture on radium in the medical amphitheater of the Johns Hopkins Hospital. Dr. Burnam is associated with Dr. Howard A. Kelly in his work in the medical school and recently bought \$23,000 worth of the mineral in Austria for Dr. Kelly.

DR. HOWARD A. KELLY recently gave a lecture on radium in Montclair, N. J., and will shortly give another in Des Moines, Iowa.

THE annual banquet of the Johns Hopkins Alumni Association of Washington was held at the University Club in that city Wednesday evening, April 10. About 100 graduates attended. W. J. Humphreys of the Weather Bureau acted as toastmaster. Other speakers

were Professor John B. Watson of the faculty of Johns Hopkins and Dr. R. S. Woodward, president of the Carnegie Institute. The list of guests included Dr. S. W. Stratton of the Bureau of Standards, Dr. P. H. Pence, acting president of the Maryland Agricultural College; Dr. J. P. McConnell of the Catholic University, Dr. Charles W. Mixer of the University of Vermont, Lewis E. Waring of New York and R. S. Palmer.

DR. THOMAS FELL, the newly-elected provost of the University of Maryland, and president of St. John's College, attended the sessions of the Southern Educational Conference at Richmond, Va., April 14-19. Dr. Fell represented both institutions over which he presides.

AMONG the noted scientists who came to Baltimore to take part in the Henry Phipps Psychiatric Clinic were Dr. William McDougal of Oxford, England; Dr. Eugene Bleuler of Zurich, Switzerland; Dr. Frederick W. Mott of London, England; Dr. Ottorino Rossi of Sassari, Italy, and Professor Heilbronner of the University of Utrecht, Holland.

MEMBERS of the medical profession not only of Baltimore but of the whole country were glad to welcome Sir William Osler, regius professor of medicine, at Oxford, England, better known to his former co-workers in the Johns Hopkins Medical School as "Dr." William Osler, to Baltimore once more. "Dr." Osler came to take part in the opening exercises of the Henry Phipps Psychiatric Clinic at the Johns Hopkins Hospital. While in the city he was the guest of Dr. Thomas B. Fletcher, 23 West Franklin street.

MRS. ADOLPH MEYER, wife of the Director of the Phipps Clinic, gave a dinner at her home, 1012 North Calvert street, Thursday evening, April 17, in honor of Mr. Henry Phipps, the donor of the Phipps Psychiatric Clinic, and Sir William Osler. The guests included Dr. and Mrs. W. S. Thayer, Dr. and Mrs. Campbell, Dr. D. K. Henderson and others.

DR. A. DUVALL ATKINS, who has been ill, is said to be much improved.

DR. WILLIAM SIMON of Catonsville, who has been ill at his home on Edmondson avenue, left recently for Asheville, N. C.

THE opening exercises of the Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, took place April 16-18, inclusive. On the first afternoon the session was held at the clinic

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building. Dr. William H. Welch delivered the introductory address. Others addresses were as follows: "The Clinic and the Community" and "Primitive Mechanisms of Individual Adjustment," Dr. Stewart Paton, Princeton, N. J.; "A Word of Appreciation," Henry H. Harlan, president of the board of trustees of Johns Hopkins Hospital; "Specialism in General Hospitals," Sir William Osler, Oxford, England; "The Sources and Direction of Psycho-Physical Energy," Prof. W. F. McDougall; "Autistic Thinking," Prof. E. Bleuler; "Personality and Psychosis," Prof. A. Hoch; "The Personal Factor in Association Reactions," Dr. L. F. Wells; "A Study of the Neuropathic Inheritance in Relation to Insanity," Dr. F. W. Mott; "Pellagra," Prof. O. Rossi; "Psychic Derangement Associated with Ductless Gland Disorders," Prof. H. Cushing; "Demenz Problems," Professor Heilbronner; "Interrelation of the Biogenetic Psychoses," Dr. E. Jones; "Prognostic Significance of the Biogenetic Psychoses," Dr. G. H. Kirby, New York City; "The Anatomical Borderline Between the So-Called Syphilitic and Metasyphilitic Disorders," Dr. C. B. Dmmlap, New York City; "Disorders Connected with Anemia," Prof. A. M. Bartlett.

DR. HENRY BARTON JACOBS has been re-elected president of the Society of Colonial Wars.

THE total expense of the recent smallpox epidemic in Allegany county is said to have been \$8000.

MARRIAGES.

Cecil DABNEY, M.D., University of Virginia, '10, formerly of Sherwood, Md., now a medical missionary to China, to Miss Frances Cole at Baltimore, March 5, 1913.

JAMES ALEXANDER WEST, M.D., College of Physicians and Surgeons, '93, of Hancock, Md., to Miss Helen Venable Bridges, at Charlotte, N. C., March 25, 1913.

DEATHS.

It is with great regret that we announce the death of Dr. Prince Albert Morrow, New York University, 1874, at his home in New York City, March 17, 1913, aged 66 years. Dr. Morrow's work on sociological questions has been exceptionally brilliant, and his many medical contribution papers have been widely read.

JOSEPH G. WALDO, M.D., College of Physicians and Surgeons, 1876, died at his home in

Hendersonville, N. C., about March 1, 1913. He was a member of the Medical Society, State of North Carolina.

HIRAM H. GUNBY, M.D., University of Maryland, '55, died at his home in Crisfield, Md., April 8, 1913, of pneumonia, aged 61 years.

ROBERT ALFRED MOORE, M.D., University of Maryland, '91, died at his home in Durham, February 18, 1913, aged 43 years. He was a member of the Medical Society, State of North Carolina.

CHRISTOPHER BRENNER, M.D., University of Maryland, '60, died in Oklahoma City, March 3, 1913, aged 38 years.

WILLIAM ISAAC REECE, M.D., College of Physicians and Surgeons, '93, died suddenly at his home in Adamston, Okla., February 14, 1913, from heart disease, aged 41 years.

ROBERT HAMILTON CAMPBELL, M.D., University of Maryland, '89, died at his home in New Orleans, La., March 17, 1913, from typhoid fever, aged 44 years. Dr. Campbell was formerly of Rockville, Md.

BRUCE THOMAS, M.D., University of Maryland, '52, died in the American Hospital, Philadelphia, Pa., March 14, 1913, aged 80 years. Dr. Thomas was formerly of Frederick, Md.

MARCELLUS B. SHUPE, M.D., University of Maryland, '85, died at his home, in Connellsville, Pa., March 22, 1913, from the result of injuries received in a runaway accident a year before, aged 49 years.

JANE ELIZABETH BIGELOW, M.D., Johns Hopkins Medical School, '12, died in a hospital in New York City, March 11, 1913, from scarlet fever, aged 25 years.

JAMES A. CONWAY (license, Maryland) died at his home in Hoopersville, March 19, 1913. Dr. Conway practiced for many years in Dorchester county.

HUGH AGNUS STEWART, M.D., University of Edinburgh, '04, died suddenly, at his home, 347 West Fifty-ninth street, New York City, March 20, 1913, aged 31 years. Dr. Stewart was formerly assistant resident physician at the Johns Hopkins Hospital and assistant professor of pathology at the Johns Hopkins Medical School.

JOEL B. YINGLING, M.D., University of Maryland, '78, died at his home, 705 Dolphin street, April 14, 1913, aged 65 years.

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A NEW WORK ON THE HISTORY OF MEDICINE.

W. B. SAUNDERS COMPANY, publishers, of Philadelphia and London, have in active preparation a work on the "History of Medicine," by Dr. Fielding H. Garrison, principal assistant librarian, Surgeon-General's Office, and editor of the *Index Medicus*. Dr. Garrison's 20 years' experience in medical bibliography, and the unusual advantages derived from his close touch with the rich stores of the Surgeon-General's Office, fit him most admirably for such a work as this.

His book will present the history of medicine from the earliest ancient and primitive times; on through Egyptian medicine, Sumerian and Oriental medicine, Greek medicine, the Byzantine period, the Mohammedan and Jewish periods, the mediæval period, the period of the Renaissance, the revival of learning and the Reformation; the seventeenth century (the age of individual scientific endeavor), the eighteenth century (the age of theories and systems), the nineteenth century (the beginning of organized advancement of science), the twentieth century (the beginning of organized preventive medicine). There will also be appendices covering the medical chronology, histories of important diseases, histories of drugs and therapeutic procedures, histories of important surgical operations, and bibliographic notes for collateral reading.

Dr. Garrison's work will undoubtedly be a valuable book to every medical man. In this one volume he will get a complete history of medicine from its earliest times, presented in a concise form.

The illustrations are intended to stimulate the reader's interest in the picturesque aspects of medicine and in the personalities of its great leaders. The biographies will be confined to the most important facts and to interesting personal traits. The original bibliographic references to the important discoveries, operations and experiments will be given. Each period is to be followed by a brief survey of its social and cultural phases. Altogether it promises to be a most important addition to medical literature. We await its publication with much interest.

Editorial Comment.

THE STRAIN OF MODERN LIFE.

The American Practitioner.

No doubt the stress and strain of life today is conducive to nervous complaints, as well as to arterial, cardiac and gastrointestinal disturbances. We are living in an age of rapid development; the demands of commerce, active and radical changes in manufacturing industries, progress in industrial and other sciences make demands upon the activities and technical knowledge that only the strong and mentally well equipped can meet. Others, those without special training or skill, those not mentally or physically equipped, the mediocre, small man in his efforts to keep pace with the development, growth of the strong, fall behind and are soon left in the hopeless majority. The scale with which things are carried on, the ceaseless onward march of events will not even tolerate the silent spectator, for to stand still is rapidly to

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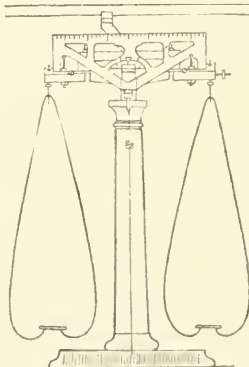
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lose position, wealth, a place. And yet with all of this hurry, one is amazed at the outward calm, the poise of the man of affairs of today. He, at least, is not agitated, comes and goes, controls, whips into line opposing forces, determines in a day alone enterprises that it would have taken a committee or board months to bring about but a generation or two ago, and all without noise. And yet it is claimed that circulatory disturbances, gastric complaints are ever in evidence; that men are destroying themselves because they are especially much too mentally active. They are scolded, berated, warned that they are going the pace that kills. They take too little rest, eat and drink too much; that arteriosclerosis, cardiac and gastric disturbances will surely follow. We read that man is old, worn out at 60 years of age, but statistics prove that the average length of life is between six and seven years longer than a century ago. Surely man is better housed, better fed and clothed, better educated, has more and varied amusements, pleasures; is as refined, can travel further and see more, is handsomer, more charitable; no more selfish than a few generations since. There is less to fear from disease, epidemics, wars; better and more humane treatment when sick or injured. Wives and children are better cared for; better educated, dressed, entertained; are healthier, happier, more beautiful than in the history of the world as we know it. True there are the neuro-pathic sanitariums, while men die from circulatory ailments, arteriosclerosis, kidney trouble, intoxication of various kinds; in rare instances we are called upon to treat gout—not as often by far as in ye olden times—but, like the poor, these are always with us. There are always those who are ever ready to proclaim from the housetops, or through the press over their names, troubles, evil doings, wrong living, and also ever ready to offer correct advice as to remedying these and all other evils, who never think of practicing what they preach. We believe in educating the people in hygiene and prophylaxis, but would not they be happier, more content if they knew less of the pathology and treatment of the ills they are forever assured they have or will have?

Verily this is one beautiful, very beautiful world, where we can and should live like sane men and women, temperate in all that we do, helpful to those less fortunate than ourselves, keeping body, mind and soul clean, thus insuring health and happiness.

O blessed health; thou art above all gold and treasure; 'tis thou who enlargest the soul, and openest all its powers to receive instruction, and to relish virtue. He that has thee has little more to wish for; and he who is so wretched as to want thee wants everything with thee.

ALEXIS CARREL, PRIZE WINNER.

Medical Summary.

THE Nobel prize has again been awarded. This plum amounts in cold cash to about \$40,000, and goes to Dr. Alexis Carrel of the Rockefeller Institute. Carrel is a young Frenchman and has been in this country only a few years. While his research work has been along broad surgical and scientific lines, his special field has been in the transplanting of organs and tissues. His work in uniting blood vessels has stamped him an artist in this line of

Something to think about

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endeavor. The problem of uniting arteries without forming a clot has always been a delicate one, but Dr. Carrel has evolved a technique by which this difficult feat is accomplished with a modicum of success. In his vivisection work he has incorporated the heart of a small dog into the neck of a larger dog, bringing about synchronous action of the two cardiac organs and thus literally making "two hearts beat as one." His work in plastic surgery has been quite marvelous, from the reports we read. Persons suffering from the loss of bones or from destructive bone lesions have had the healthy bones of animals or other persons incorporated to take the place of those whose function is destroyed, and these are said to grow and be of the same service as those that have been displaced.

Dr. Carrel is of the opinion that the organs and tissues of healthy persons who meet with sudden death—as in case of railroad wrecks and other disasters—should be preserved for the purpose of rehabilitating persons who may stand in need of just such organs and tissues. Such material, he states, may be employed days or weeks after, provided it is kept under right conditions. This scientist is of the opinion that almost every organ may be thus transplanted. In his work on animals many transplantations of organs were made, employing organs and parts of organs that had been dead and preserved for weeks.

SURGERY AND THE LAW.

The Medical Sentinel.

THE strong arm of the law has been raised in protection of the normal appendix, and the Colorado surgeon who removes this appendage must show evidence of its being diseased, or stand arrest. This stringent measure has become a necessity, owing to the tendency of surgeons before concluding a laparotomy to remove this apparently useless organ, and thus add a needless hazard to that of the original operation.

If this policy of conservation would only be extended to cover other organs, its usefulness could be added to a hundred-fold. Let it embrace the normal ovary or even slightly cystic ovary, which is still being ruthlessly extirpated in spite of its dire effects on the future well-being of the unfortunate patient. It could also serve a field of usefulness were it to include the useless and wrongful removal of every tonsil that appeals to the operating specialist as enlarged.

Let the law also include those innumerable operations where a normal uterus is dilated and its mucosa scraped and curetted for the simplest menstrual disorder. Were such a law in effect we can predict a sudden return to conservative surgery on the part of numerous operators, who take pride in their gallery-playing radicalism.

HEREDITY AND DISEASE.

The American Practitioner.

THAT the evidence on inheritance in man is often unsatisfactory is well known to those who have given the subject the most careful study. The reasons for this lack of trustworthy information are **many**, as was pointed out recently by Professor Hickson at a



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meeting of the Manchester Pathological Society, *Medical Press*, November 13, 1912. These reasons seem to be that civilized man presents many difficulties for investigations. He differs from all other animals in the extraordinary length of his period of juvenility; reaching physical maturity at about 15 years of age, mental maturity much later. Man appears to require for his proper development a long period in which he may be influenced by his environment; he is much more a creature of environment than are other animals. It thus becomes difficult to distinguish between innate and acquired characters. Another difficulty is that man is a very slow breeding animal; it is thus difficult to get a sufficiently large number of cases of transmission of a particular character. Few statistics include more than three or four generations, or from 100 to 150 individuals. In investigations of certain vegetable and the lower orders of animal life, peas or mice, for instance, biologists are not satisfied with less than several thousand individual specimens. There is a third difficulty, not peculiar to man, the possibility of transmission of characters by the placental blood. Such characters are, of course, not innate. This term can only be applied to characters transmitted through the germ cell. For these reasons we are always sceptical of statistics bearing on the transmission of acquired characters. It is very doubtful if a hard and fast line can be drawn between fluctuations and mutations. There are, undoubtedly, mutations which are transmitted without blending, but there are others in which there appear to be only a difficulty of blending. In the case of an extra digit, blending could only mean the production of an extra half digit. Now, experiments on poultry have seemed to show that the transmission of an extra toe obeyed Mendelian laws, but on analysis of the figure it appears that many of the extra toes are only half toes, which can equally well be interpreted as blending.

A REWARD FOR COLONEL GORGAS.

The Medical Standard.

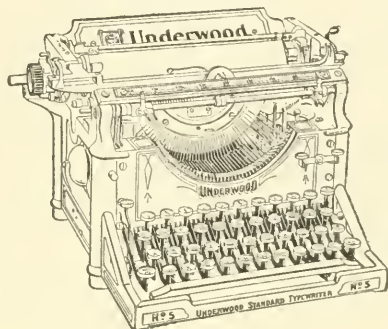
THE *Journal of the American Medical Association* is inspired by the bill now pending in Congress to raise the rank of Colonel Goethels, the administrative officer of the Panama Canal, to that of major-general to make a plea for an equal reward for Colonel Gorgas, who by his efficient sanitary work made the whole thing possible. It also suggests that Congress might well reward these two men further by giving them each a generous cash donation. The latter idea is a good one—it has our endorsement—but just imagine a Democratic Congress doling out dollars to non-political officeholders. Preposterous! A more practical plan to reward Colonel Gorgas is to help secure for him the Noble prize in medicine. If ever a man earned this honor, he has. We hereby place the Colonel in nomination.

WHAT HAS BECOME OF THE OLD MAN?

Medical Summary.

It is seldom that we now see a toothless, doddering old man, and the feeble old woman garbed in funeral black is almost as rare. And still longevity is on the increase. In the words of the breakfast food ad., "there's a reason." Good dentistry is wide-

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spread and now more reasonable in price than formerly, and almost everybody avails himself of it. Good teeth and clean mouths are dissipating many diseases. Ophthalmology is now so perfect that anyone with a semblance of vision left may be fitted out so that he can "read the finest print." The daily paper and our wealth of general literature are within the reach of all, and the rejuvenating effects upon oldish people cannot be denied. The cosmetic effects of good teeth and the ability to see and hear well are important; we do not feel so old, and this cheerful introspection tends to keep us young. Elderly people no longer dress and disport themselves in the serious manner they once did. The morbid and ascetic ideas of a former age have given way to the gospel of optimism and good cheer. As a people we have just as much true religion in our hearts as ever prevailed in any age, but self-abnegation has given way to the real joy of living. Old people now keep young by remaining alive and in touch with the vital and interesting things of the world. We have eliminated much from our lives that is morbid and uncanny, and cherish a desire to live until we die. Fewer people now become senile and burdensome to others.

DUST, THE UBIQUITOUS.

The American Practitioner.

WE have gotten rid of many evils that annoyed and caused injuries to our ancestors, but there are still left nuisances, great and small, which make life almost unbearable. It is not necessary nowadays for one to wear a sword for protection, or to envelop one's self in a cloak with which to conceal his identity; nor are we in danger of being knocked on the head by a peevish neighbor, albeit we have the highwayman, dust and noise very much in evidence. Officers of the law give us a large measure of protection from the highwayman, but dust and noise are really ubiquitous. How to nullify these vexatious evils is a question which has received much thought, but as yet no solution. Competent statisticians have estimated that there are four thousand millions of dust particles in an average puff of cigarette smoke; while scientists declare that while chemically pure water is a non-conductor of electricity, if one grain of salt be added to a hundred tons of water, the electric current will link each molecule of water to its neighbor, the bridge being the infinitesimal quantity of salt. We thus realize what is meant by the expression divisibility of matter. To realize this and know of all the noxious and nauseating substances contained in the dust in our streets, homes, places of amusement, etc., we wonder with increasing horror why the chief method of getting rid of dust is to disturb it from its resting place and send it spinning through the air on its maleficent mission.

Dust ceases to be dust when firmly attached to other bodies. A wet duster, damp cloth, tar or crude oil annihilates it. The popular appreciation of this fact would materially reduce the sick rate and the labor and expense of our street cleaning department, as well as care for the sanitary condition of places of amusement and our homes.

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can be disinfected and deodorized by placing in a tub half filled with boiling water to which has been added a little "Platt's Chlorides." The tub should then be closely covered for two hours and the clothes thoroughly rinsed before washing.



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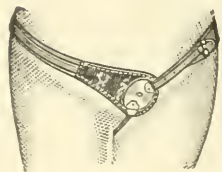
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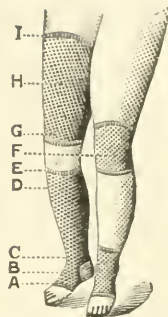
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This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Phylacogen Treatment for Rheumatic Infection.

SINCE the announcement, some time ago, of the large percentage of recoveries following the use of Rheumatism Phylacogen in over thirteen hundred cases of rheumatism—results reported by clinicians in various sections of the United States—interest in this new bacterial derivative has developed to a very marked degree. Physicians everywhere are demanding information in regard to this therapeutic agent: an agent which appears to produce recoveries in at least 85 per cent. of cases—and that, too, in a disease that for hundreds of years has been a stumbling-block to the medical profession.

What is the scope of the new product? In what forms of rheumatism is its use indicated? These questions are being asked. We are glad to be able to answer them—in a general way, at least. From the literature on the subject it is learned that Rheumatism Phylacogen is applicable to acute rheumatic fever, acute articular rheumatism, acute inflammatory rheumatism, chronic rheumatism, rheumatic arthritis, rheumatic myalgia, rheumatic neuralgia, rheumatic iritis, lumbago, sciatica—in short, to all pathological conditions due to infection by the Streptococcus Rheumaticus. From the same source are gathered these suggestive hints upon the subject of diagnosis:

"True rheumatism must be differentiated from septic arthritis, tubercular arthritis, gonorrheal arthritis, gout, arthritis deformans, traumatism, etc. The failure of Rheumatism Phylacogen, properly administered, affords presumptive evidence of an error in diagnosis." In the case of chronic rheumatic conditions stress is laid upon the fact that continuous treatment for three or four weeks may be necessary. If, however, the patient does not show continuous improvement, it is urged that the treatment be discontinued and a careful re-examination made so that the exact pathological condition may be determined.

Other phases of the Phylacogen therapy—as questions of dosage, reactions, methods of administration, etc.—might very properly be considered at this juncture. These, however, are subjects that cannot be adequately discussed within the limits of this article. They are fully treated in the Phylacogen literature, issued by Parke, Davis & Co. and procurable by any physician upon request to the home offices at Detroit, Mich.

Cod Liver Oil in Bronchial Inflammation.

THE great value of cod liver oil in chronic bronchial inflammations is so thoroughly accepted by the profession that the only question which ever arises in regard to its use is the form in which it may be best exhibited. In regard to a suitable form of administration, the great difficulty has been to secure palatability without loss of therapeutic power. Cord, Ext. or Morrhuæ Comp. (Hagee) combines these two requisites, as a result of which advantage it has secured the support of a large proportion of the profession.

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WERE it not for its several disagreeable features, which are sufficiently weighty to make one hesitate before employing it, opium, of course, would be the ideal analgesic. Unfortunately, however, along with its analgesic effects, opium exerts those well known phenomena which tend to limit its usefulness as a pain-relieving agent.

But with the discovery of processes by which it is possible to eliminate the convulsive and narcotic principles of the drug, Papine (Battle) became possible, and with a wider therapeutic application than opium.

In the manufacture of Papine the several objectionable qualities of opium have been eliminated, the finished product representing the analgesic and sedative properties only of this valuable drug.

In view of this, the superiority of Papine over opium and its alkaloids cannot be denied, for although offering to the patient the positive analgesic properties of opium, it does not at the same time bind up his bowels or subject him to its other disagreeable effects. The utmost care is taken in the manufacture of Papine, and it is fully believed that it offers every possible advantage over opium.

Selection of a Tonic.

THE greater care and thought being devoted to the use of remedies in disease is heartily to be commended, and there can be no question but that the vastly superior therapeutic results that medical men are uniformly obtaining to-day are the direct outcome of the broader grasp of drug action. Take, for instance, the successful application of tonic medication. No physician at the present day would think of administering any potent restorative or reconstructive remedy without paying due consideration to the following essential details:

First.—The avoidance of any remedy which

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For children of three or more years, from five to ten drops.

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from its nature or ingredients would tend to unduly stimulate or excite the higher nerve centers.

Second.—The avoidance—except when specifically indicated—of any remedies which suddenly and markedly raise the blood pressure.

Third.—The avoidance of reconstructive measures, except in rare instances, which do not have a well-defined permanence of action, or which must be constantly increased in quantity, or continued indefinitely, in order to secure their beneficial effects.

Fourth.—The avoidance of remedies containing drugs which are apt to produce dangerous or toxic effects as a result of some possible idiosyncrasy on the part of the patient.

Careful investigation on the part of the careful practitioner will enable him to see that of all the tonic remedies at his command, Gray's Glycerine Tonic Comp. is one of the few that can be freely employed with certainty that all of the foregoing requirements have been met.

As a matter of fact, clinical experience has clearly demonstrated that one of the strongest features of Gray's Glycerine Tonic Comp. is its practical freedom from any contraindication of age, sex, season or personal idiosyncrasy.

It is a thoroughly reliable tonic that accomplishes its effects solely through stimulating the physiologic functions of the body. As a consequence, its whole action is to restore a nearer normal balance between physical waste and repair; in other words, the proper nutrition of the whole body. Under its use every function is promoted and helped to do its normal amount of work, with all that this means in the maintenance of physical health and vigor.

Lilly's Liquid Soap.

A THOROUGHLY efficient liquid soap is invaluable to the physician and surgeon. It has the advantage of being readily miscible with water, absolutely clean and conveniently carried in the physician's case. The soap that is available in the house to which the physician is called may not be desirable; in fact, it may be objectionable. Liquid Soap can be quickly and thoroughly applied to the parts to be washed. It must be a detergent, non-irritating and sufficiently liquid to be promptly delivered from the container.

When the physician becomes accustomed to Liquid Soap he finds that he relies upon it much as he does upon certain drugs with which he is familiar. Eli Lilly & Co. now offer a Liquid Soap made of pure vegetable oil, clear, unscented and possessing all the properties of an ideal soap. It contains no foreign germicidal agents, yet is antiseptic.

The container is unique and its constricted form obviates slipping from wet hands. It will occupy but little space in the surgical bag, and a special plunger stopper fulfills a double purpose in preventing leakage and clogging of the orifice. Supplied by the drug trade in 10-ounce bottles and one-gallon containers.

Safeguarding Patients Against the Cathartic Habit.

It is a growing opinion among medical men that powerful cathartic preparations are often used too freely and for too long periods by patients afflicted with constipation. Many purgatives by their drastic action actually diminish biliary secretion, and thus tend to increase rather than correct habitual constipation. The evil effects from their indiscriminate use are usually due to the thoughtlessness of patients who are not content unless they obtain vigorous action. This "cathartic habit" while producing the effect which the patient thinks is desirable often leaves the secretory functions

of the liver in an enfeebled and exhausted condition, so that a reactionary constipation is bound to follow. In treating chronic constipation the physician will find Chionia a most valuable adjunct combining it with the chosen cathartic and gradually diminishing the dose of the cathartic employed as improvement follows. The administration of Chionia should be continued some time after the cathartic or purgative has been discontinued. Under such treatment the hepatic organ will gradually resume its normal functions and a restoration of a healthy condition, particularly of the bowels, will be the result.

Reduction of Nervous Tension.

ONE of the most positive therapeutic powers possessed by Pasadyne (Daniel), the Concentrated Tincture of Passiflora Incarnata, manifests itself in states of high nervous tension. As a rule, the sufferers are poorly equipped with moral resistance, and consequently it is of the highest importance in choosing remedial measures to guard against agents which might establish a habit. In using Pasadyne (Daniel) the physician need not give this possibility any heed, for it is quite free from such a disadvantage. In a wide variety of nervous affections Pasadyne (Daniel) is of the utmost value, which is further enhanced by its freedom from evil consequences. A sample bottle may be had by addressing the laboratory of John B. Daniel, Atlanta, Ga.

Bovine as Hematic and Nutrient Tonic.

For anemia, chlorosis, cachexia, neurasthenia, nervous depression, low vitality, debility during convalescence from long illness or surgical operations, ulcers and skin grafting; in the maladies of old age or resulting from faulty nutrition; in lassitude and conditions with no special disorder, except a distaste of food, physicians will find Bovine, administered before meals, will excite appetite and promote digestion.

Bovine is an aromatic liquid, presenting *ferrum* in organic combination, is readily ingested and increases the hemoglobin in the red blood corpuscles, is free from astringent properties, and will be tolerated better than the inorganic iron compounds. With it we have combined, for nutrient properties, all the essential elements of nutrition in a form that is easily absorbed by the stomach, acts as a stimulant to the functions of nutrition, and is

most serviceable in maintaining cell metabolism. For children debilitated through nervous waste or suffering from rachitis, marasmus, etc., and in convalescence from fevers, Bovine will restore appetite and serve to stimulate the vital processes.

Physicians will find, upon careful clinical observation, that the claims made for Bovine are fully justified. It is acceptable to the most fastidious, and can be administered for long periods without causing any disturbance of the digestion.

The Opinion of a Conservative Man.

DR. HENRY HERMAN of New York city says: "While there probably never will be a remedy which will act with equal efficiency in all cases, the results which I have obtained with Glyco-Heroin (Smith) in a number of different and obstinate cases of cough, enable me to express myself as fully satisfied that it is an efficient respiratory sedative and expectorant."

We might add that this has been our observation. The sedative and expectorant properties of Glyco-Heroin (Smith) are, however, by no means the only attractive elements of that product; it is a splendid febrifuge as well.

The Pneumonia Convalescent.

IN spite of all of the modern advances in scientific therapy, and the improvements in the general handling and management of acute infectious diseases, acute lobar pneumonia still deserves the title ascribed to it by Osler: "The Captain of the Men of Death." There are, however, especially during the fall and winter months, many cases of the lobular or irregular pneumonia that so often complicates or follows la grippe. When this condition supervenes it is more than likely to follow a sub-acute or chronic course, and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps materially to shorten the convalescent period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tonostimulant to the organism generally. As Pepto-Mangan is free from irritant properties and constipating action, it is especially serviceable in the reconstructive treatment of the devitalization following the pneumonia of the aged.

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